



City of El Cajon
Building and Fire Safety Div.
 200 E. Main St.
 El Cajon, CA 92020
 Phone: (619) 441-1726, 1727

Asbestos Demolition Certification

INSTRUCTIONS: Complete Box 1; Read Box 2; and complete and sign Box 3.

1

Job Address: _____
 Use of building to be demolished/renovated: _____
 Square Footage of Building: _____ Number of Stories: _____
 Property Owner: _____ Phone: () _____
 Address: _____

 Applicant's Name: _____ Phone: () _____
 Company Name: _____
 Address: _____

2

Section 19827.5 of the State of California, Health and Safety Code states in part:
 "A demolition permit shall not be issued by any city . . . as to any building or other structure except upon receipt from the permit applicant of a copy of each written asbestos notification regarding the building that has been required to be submitted to the United States Environmental Protection Agency or to a designated state agency (APCD), or both, pursuant to part 61 of Title 40 of the Code of Federal Regulations, or the successor to that part. The permit may be issued without the applicant submitting a copy of the written notification if the applicant declares that the notification is not applicable to the scheduled demolition project."

3

As applicant for a demolition permit (or renovation permit with demolition work) in the City of El Cajon, I certify that: I have read the excerpt from Section 19827.5 of the Health and Safety Code provided above; the information I have provided on this form is true and correct; and I further certify the following:

- On the attached _____ pages are copies of all written asbestos notifications regarding the above referenced building that are required to be submitted to the United States Environmental Protection Agency or to a designated state agency, or both, pursuant to Part 61 of Title 40 of the Code of Federal Regulations, or successor to that part.
- I declare that the written asbestos notification is not applicable to the scheduled demolition project.

Applicant's signature: _____ Title: _____
 Print Name: _____ Date: _____

F O R C I T Y U S E O N L Y

Reviewed and approved by: _____ Date: _____