



CITY OF ST. LOUIS DEPARTMENT OF HEALTH
AIR POLLUTION CONTROL

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION AMENDMENT

DEMOLITION PROJECT ID NUMBER (ASSIGNED TO ORIGINAL NOTIFICATION BY THE CITY OF ST. LOUIS DEPARTMENT OF HEALTH)
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TYPE OF NOTIFICATION (CHECK ONE)
 CANCELLATION AMENDMENT-NUMBER (1, 2, 3, ETC.)

1. FACILITY INFORMATION (IDENTIFY OWNER AND OPERATOR)

1. OWNER NAME		EMAIL		
2. OWNER STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE
3. DEMOLITION CONTRACTOR NAME		CONTACT PERSON		EMAIL
4. CONTRACTOR STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE

2. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NO.)

1. FACILITY SITE NAME				
2. FACILITY SITE ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER WITH AREA CODE

3. AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATION AS NOTIFIED (OR LAST AMENDED) Example: Start Date - JAN. 1, 2009	AMENDED TO Example: Start Date - JAN. 2, 2009

4. SUPPLEMENTAL INFORMATION (AS NEEDED)

(Empty space for supplemental information)

5. AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE		TITLE	
PRINTED OR TYPED NAME			DATE