

<b>Asbestos Building Demolition Notification</b>	State of Maine Department of Environmental Protection Lead & Asbestos Hazard Prevention Program 17 State House Station, Augusta, ME 04333 TEL (207) 287-2651 FAX (207) 287-6220	<b>FORM D</b> Page 2 of 2 2015
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**Inspection/Survey Results:**

Were asbestos-containing building materials identified or presumed positive?  Yes  No

If Yes, is the removal of ACM subject to MDEP asbestos regulations?  Yes  No

If No, explain WHY NOT: \_\_\_\_\_

property address: <i>5 Salem St.          Portland, ME          04101</i>	building description: <input type="checkbox"/> pre-1981 residential with 2-4 units <input type="checkbox"/> post-1980 residential with 2-4 units <input type="checkbox"/> other:
asbestos survey/inspection performed by: (name & address) <i>Abatement Professionals          Kris Rickett</i> telephone: <i>207-773-1276</i>	asbestos abatement contractor <i>Abatement Professionals          Kris Rickett</i> telephone: <i>207-773-1276</i>
property owner: (name & address) <i>Bruce W Baker          135 York St.          Unit E Portland</i> telephone: <i>978-430-6063</i>	demolition contractor: (name & address) <i>Les Wilson &amp; Sons          Chris Wilson</i> telephone: <i>207-939-4005</i>
demolition start date:	demolition end date:

Whenever more than 3 square feet or 3 linear feet of ACM is identified, the ACM must be abated in accordance with the Maine Asbestos Management Regulations by a DEP-licensed Asbestos Abatement Contractor. This includes materials presumed to be ACM. Check [www.maine.gov/dep/twm/asbestos/index.htm](http://www.maine.gov/dep/twm/asbestos/index.htm) for a listing of asbestos contractors.

Prior to issuing a local demolition permit, the MDEP requests that **municipalities** have applicants for municipal demolition permits complete this form and fax it to the MDEP at 207-287-6220. Municipalities should not issue local demolition permits if the required asbestos inspection or survey has not been performed and identified ACM removed.

*This demolition notification does not take the place of the Asbestos Project Notification if applicable*

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

*Bruce Baker* \_\_\_\_\_ Title \_\_\_\_\_ *Bruce W. Baker* \_\_\_\_\_ Signature \_\_\_\_\_

Print Name: Owner/Agent

*978-430-6063* \_\_\_\_\_ FAX # \_\_\_\_\_ *3/6/2018* \_\_\_\_\_ Date \_\_\_\_\_

Telephone #