



## Air District Questionnaire

*A building permit cannot be issued unless this questionnaire is completed and submitted to the YSAQMD for approval*

This questionnaire is used to determine if a project requires an asbestos survey and/or Asbestos Demolition/Renovation notification.

Date \_\_\_\_\_ Permit # \_\_\_\_\_ Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**Contractor Info:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Owner Info:**

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**1. Describe the work scope (include Drawings, Demo plan & Room numbers/names):**

\_\_\_\_\_  
 \_\_\_\_\_

**2. Project involves one non-commercial residential building?**      **YES**      **NO**      (circle)

**3. Project is new construction only (no demolition or alteration of existing materials)?**      **YES**      **NO**

**4. Identify existing materials being disturbed or removed:**       None (new construction only)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Flooring _____ SF       | <input type="checkbox"/> Ceiling _____ SF        | <input type="checkbox"/> Roofing _____ SF/Squares        |
| <input type="checkbox"/> Concrete _____ SF       | <input type="checkbox"/> Insulation _____ SF     | <input type="checkbox"/> Sheet Rock _____ SF             |
| <input type="checkbox"/> Plaster walls _____ SF  | <input type="checkbox"/> Exterior walls _____ SF | <input type="checkbox"/> Pipe Insulation _____ Linear Ft |
| <input type="checkbox"/> Other (Describe): _____ |  | SF _____   |

**5. Are any load bearing walls or structural members being removed or demolished?**      **YES**      **NO**

- If "Yes":**       Complete Bldg. demo       Repair/replace       Single structure  
 Partial Bldg. demo       Moving structure       Several structures # \_\_\_\_\_

Total SF of demolition area: \_\_\_\_\_ SF

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Your signature indicates that all information submitted is true, accurate and complete to the best of your knowledge)*

**Survey required?** Submit questionnaire to the Building Dept. or directly to the District at [notify@ysaqmd.org](mailto:notify@ysaqmd.org). Staff will review and notify you if survey report is needed. You may be contacted for additional information. Surveys must be performed by a certified Asbestos Consultant, CAC or Site Surveillance Tech, CSST (see survey advisory at <http://www.ysaqmd.org/permits-advisories.php>).

**I wish to submit my questionnaire, survey report & fee.** Deliver/mail hardcopy with check payable to YSAQMD to 1947 Galileo Ct., Ste. 103, Davis CA 95618. Send electronic submittals with proof of payment to [payments@ysaqmd.org](mailto:payments@ysaqmd.org) or fax to (530) 757-3670; make credit card payments at <http://www.ysaqmd.org/payments.php>. To determine the applicable fee see the fee schedule at <http://www.ysaqmd.org/asbestos/commercial.php> or consult the District. Regulated projects involving "friable" asbestos materials require a Notification form and waiting period (10 work days).

For more info, see [www.ysaqmd.org/asbestos](http://www.ysaqmd.org/asbestos) or call the District at (530) 757-3650.

<p><b><u>DISTRICT USE ONLY:</u></b></p> <p>Fee Amt: _____</p> <p>Payment Amt: _____ ( check____ credit____ )</p> <p>Database Entry done: ___</p> <p>Date Rec: _____ Processed by: _____</p>	<p>Questionnaire Rec: _____</p> <p>Release Approved/Date: _____</p> <p>Notes: _____</p> <p>_____</p>
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