

**ASHEVILLE-BUNCOMBE AIR QUALITY AGENCY 30 Valley Street  
Asheville, NC 28801**

**ASBESTOS / DEMOLITION CHANGE FORM**

DATE: \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

ORIGINAL START DATE: \_\_\_\_\_ REVISED START DATE: \_\_\_\_\_

ORIGINAL COMPLETE DATE: \_\_\_\_\_ REVISED COMPLETE DATE: \_\_\_\_\_

ADDITIONAL ASBESTOS CONTAINING MATERIALS TO BE REMOVED (SPECIFY AMOUNT)

FLOOR TILE / MASTIC \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

TSI / BOILER INSUL \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

TRANSITE \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

ROOFING \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

OTHER \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

OTHER \_\_\_\_\_ ADDITIONAL FEES \_\_\_\_\_

ADDITIONAL CHANGES OR COMMENTS: \_\_\_\_\_

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

START DATE CORRECTION MADE BY WNCRAQA:

START DATE ON PERMIT: \_\_\_\_\_ CORRECTED START DATE: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_