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Second Floor
Boston, MA 02118

**BOSTON PUBLIC HEALTH COMMISSION
ENVIRONMENTAL HEALTH OFFICE**

tel. (617) 534-5966
fax (617) 534-9592
fax (617) 534-2372

EHO APPLICATION FOR NON-RESIDENTIAL COMMERCIAL ASBESTOS ABATEMENT WORK PERMIT

1. Enter Total Cost of Asbestos Project	\$ _____
<u>DETERMINATION OF ASBESTOS PERMIT FEE</u>	
2. If line 1 is \$7,500 or less, your permit fee is -	<u>\$75.00</u>

3. If line 1 is over \$7,500, multiply any amount up To \$100,000 by 0.01.....	_____
4. If line 1 is over \$1,000, multiply the amount over the first \$100,000 by 0.007.....	_____
5. Add lines 3 and 4, This is your permit fee -	_____

ASBESTOS ABATEMENT WORK SHALL
NOT COMMENCE PRIOR TO RECEIPT
OF AN EHO PERMIT

DO NOT USE THIS FORM FOR PLAN
APPROVAL SUBMITTALS

PROVIDE 10 WORKING DAYS NOTICE

ADDRESS OF SITE OF PLANNED ABATEMENT WORK: _____

NAME OF OWNER: _____ TELEPHONE #: _____

ADDRESS OF OWNER: _____

IF P.O. BOX, GIVE ADDRESS OF OWNER'S RESIDENCE: _____

INDICATE ALL WORK LOCATION(S) IN/OUTSIDE THE BUILDING: _____

ABATEMENT CONTRACTOR NAME: _____ DLI LIC. #: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE #: _____

SCHEDULE FOR THE WORK: START-UP DATE: _____ COMPLETION DATE: _____

YOU MUST WORK WITHIN THE DATES SPECIFIED UNLESS AMENDED. FAILURE TO NOTIFY THE EHO OF A CHANGE IN WORK OR A JOB CANCELLATION IS A VIOLATION.

PLEASE CHECK THE APPROPRIATE SECTIONS. Agencies requiring notification/permits:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> EPA
(40 CFR 6.14) | <input type="checkbox"/> DEP (STICKER # _____)
(310 CMR 7.15(b)) | <input type="checkbox"/> DLWD
(453 CMR 6.12) | <input type="checkbox"/> BFD
(Boston Fire Code Sec. 7) |
|---|---|---|---|

(IF PERMIT REQUIRED FROM THE ABOVE AGENCIES, INCLUDE COPY(s))

All asbestos abatement work will comply with the work practices required by 453 CMR 6.14 (DLWD), 29 CFR 1926.58 and 1910.1001 (OSHA), and 310 CMR 7.00 (DEP).

CERTIFICATION: I HAVE EXAMINED THE ABOVE AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND COMPLETE. SIGNATURE SUBJECTS SIGNER TO THE PROVISIONS OF THE GENREAL STATUES REGARDING FALSE AND MISLEADING STATEMENTS.

SIGNATURE _____ TITLE _____

REPRESENTING _____ DATE _____