

**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**

1947 Galileo Court, Suite 103; Davis, CA 95618

www.ysaqmd.org (530) 757-3650

Jurisdiction: _____

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 ☐ No3. Project is new construction only (no demolition or alteration of existing materials)? ☐ Yes ☐ No4. Identify existing materials being disturbed or removed: ☐ None (new construction only)☐ Flooring _____ SF☐ Ceiling _____ SF☐ Roofing _____ SF/Squares☐ Concrete _____ SF☐ Insulation _____ SF☐ Sheet Rock _____ SF☐ Plaster walls _____ SF☐ Exterior walls _____ SF☐ Pipe Insulation _____ Linear Ft☐ 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 directly to building@cityofdixon.us and the District at 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 or fax to (530) 757-3670; make credit card payments at www.ysaqmd.org/permits/make-a-payment/ (service fees apply). To determine the applicable fee, see the fee schedule at <https://www.ysaqmd.org/permits/forms-applications/> 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 or call the District at (530) 757-3650.**DISTRICT USE ONLY:**

Fee Amt: _____

Payment Amt: _____ (check ___ credit ___)

Database Entry done: _____

Date Rec: _____ Processed by: _____

Questionnaire Rec: _____

Release Approved/Date: _____

Notes: _____