City of Moultrie
Planning and Community Development Department
P.O. Box 3368
Moultrie, GA 31768
229-668-7223 Fax 229-668-7650

Demolition, Major Renovations & Asbestos Removal Notification

I, _____, am the owner/occupant

at: _____,

Moultrie, GA. I am responsible for the identification, proper removal and disposal of asbestos-containing materials and lead-based points or coatings prior to demolition and/or major renovations of the structure. I am also responsible for the proper identification and disposal of lead-based painted, stained or coated surfaces/components from the structure, as per Georgia's Lead-Based Paint Renovation, Repair and Painting Rules. All visible paint chips, dust, and painted debris must be removed from site prior to considering the work complete. As the owner/contractor I am responsible for the submittal of a Properly Completed Demolition Project Notification Form to the **Georgia Environmental Protection Division, Lead-Based Paint and Asbestos Program, 4244 International Parkway, Suite 104, Atlanta, GA 30354** no less than 10-working days prior to demolition of structure. If asbestos-containing materials are identified by an Accredited Asbestos Inspector; I, the owner/contractor, am responsible for assuring that a Project Notification for Asbestos Removal is submitted to Georgia EPD by the asbestos removal contractor not less than 10-working days before removal activities begin. Emergency waivers to allow work to begin prior to the 10-work day notification period may be granted for valid reason(s). As the contractor I will call the Lead-Based Paint and Asbestos Program Duty Officer of the day at 404-363-7026 to discuss any request for emergency waiver.

I understand that the Project notification forms, as well as lists of Accredited Asbestos Inspectors and/or Certified Lead-Based Paint Inspectors/Risk Assessors can be located on the Georgia EPD website at www.epd.georgia.gov

I have read and understand the information above.

_____   _____
Applicant Signature   Notary Public Signature and Seal

_____   _____
Printed Name   Printed Name

_____   _____
Date   Date