

FORSYTH COUNTY
OFFICE OF ENVIRONMENTAL ASSISTANCE & PROTECTION
REVISION FOR ASBESTOS PERMIT/NOTIFICATION

201 N. Chestnut Street
Winston-Salem, North Carolina 27101



336-703-2440
asbestos@forsyth.cc

Postmark Date

Permit Number

() Permit no longer required

Facility Name:	Facility Address:
Contractor:	Contact Phone:
Contact Person:	Contact Person Email:

ASBESTOS REMOVAL () On Hold

Original Start Date:	Original Completion Date:
Revised Start Date:	Revised Completion Date:

DEMOLITION () On Hold

Original Start Date:	Original Completion Date:
Revised Start Date:	Revised Completion Date:

ADDITIONAL QUANTITIES OF MATERIALS/FEEES

(A-1) Type of RACM	Quantity x 0.10 = FEE	(A-2) Type of RACM	Quantity x 0.20 = FEE
Flooring / mastic _____	ft ² x 0.10 = \$ _____	Pipe insulation (TSI) _____	ft x 0.20 = \$ _____
Ceiling tile _____	ft ² x 0.10 = \$ _____	Boiler insulation (TSI) _____	ft ² x 0.20 = \$ _____
Cementitious materials (Siding, roofing, wallboard panels) _____	ft ² x 0.10 = \$ _____	Surfacing material _____	ft ² x 0.20 = \$ _____
Roofing _____	ft ² x 0.10 = \$ _____	Other _____	ft ² / ft ³ x 0.20 = \$ _____
Other _____	ft ² / ft ³ x 0.10 = \$ _____		
TOTAL (A-1) _____	ft² x 0.10 = \$ _____	TOTAL (A-2) _____	ft/ ft²/ ft³ x 0.20 = \$ _____

(a) TOTAL (A-1) + (A-2) = \$ _____	(b) CONTRACT PRICE = \$ _____
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TOTAL ADDITIONAL FEE PAID (Whichever is greater of (a) or (b) above): \$ _____

ADDITIONAL COMMENTS OR OTHER REVISIONS: (Including waste transporters, landfills, and/or other operators)

I certify that the information submitted is accurate to the best of my knowledge.

Owner/Operator: _____ Title: _____

Company Name: _____

Signature: _____ Date: _____