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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | | **1. Brief Project Description** | | | | | | | | | | | | | | | | | | |
| Limited Maintenance Activity | | | | | | Large Scale Asbestos Abatement Project (LSAAP) | | | | | | | | | | | | |
|  | | | | | | (LSAAP’s are issued on a building-by-building basis during periods of planned renovations only.) | | | | | | | | | | | | |
| **2. Facility Information** | | | | | | | | | | | | | | | | | | |
| Facility Name | | | | | | Facility Address | | | | | | | | | | | | |
| Facility Contact | | | | | | Title | | | | | | | | | |  | | |
| Facility Phone | | | | | |  | | | | | | | | | | | | |
|  | | Facility Owner(s) | | | | | | Facility Town or City | | | | | | | | | |  | | |
|  | | Phone/Email Address | | | | | |  | | | | | | | | | | | | |
|  | | Present Use of Facility/Building | | | | | | | | | Past Use of Facility/Building | | | | | | | | | |
|  | | Age of Facility/Building | | | Size of Facility/Building | | | | | | | | | | Number of Structures | | | | | |
|  | | Description of Surrounding Area | | | Residential | | | | | | | Commercial | Rural | | | | Industrial | | | Institutional |
|  | |  | | | | | | | | | | | | | | | | | | |
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|  | | **3. Reason For Request of Blanket**  To avoid lengthy delays in processing/evaluation/approval of request for blanket notification, include specifics as necessary i.e.: nature of facility, size of facility, unique nature of project, etc. Submit attachments as necessary. | | | | | | | | | | | | | | | | | | |
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|  | | **4. Description of Asbestos Abatement LMA/LSAAP This Application Covers**  Include amounts and types of asbestos containing material involved specifications, floor plans, activity schedules etc. which may further help to describe abatement operations. Submit attachments as necessary. | | | | | | | | | | | | | | | | | | |
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| **Note:** Blankets are issued for a period of not more than 12 months and cannot be extended. | | **5. Project Schedule** | | | | | | | | | | | | | | | | | | |
| Estimated Start Date (MM/DD/YYYY) | | | | Estimated End Date (MM/DD/YYYY) | | | | | | | | | | | | |  | |
| Please Note: Each individual blanket notification may be used for projects undertaken within the approved time period only. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Note:** If more than one contractor is involved; please list all contractors and respective scope(s) of work on attachment. | | **6. Asbestos Contractor Information** | | | | | | | | | | | | | | | | | | |
| Name | | | | | Street Address | | | | | | | City/Town | | | | | | |
| DLS Contractor Certification No. | | | | | Expiration Date (MM/DD/YYY) | | | | | | | Phone/Email Address | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **7. On-Site Storage** | | | | | | | | | | | | | | | | | | |
|  | | | Specific Location of Secured Storage Area | | | | | | | Individual Responsible for Security | | | | | | | | | | | |
|  | | |  | | | | | | | Title | | | | | | | | | | | |
|  | | 8. Certification | | | | | | | | | | | | | | | | | | |
|  | "I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment. I am aware that this permit application or notification shall not be deemed valid unless payment of the applicable fee is made.” | | | | | | | | | Signature | | | | | | | | | | |
| Printed Name | | | | | | | | | | |
| Title | | | | | | | | | | |
| Date (MM/DD/YYYY) | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | 9. Submission of Application | | | | | | | | |  | | | | | | | | | | |
| **Note:** MassDEP review will begin only after your submissions have been received at both locations. | **STEP 1: Submit Application** | | | | | | | | | **STEP 2: Submit Fee Payment** | | | | | | | | | | |
| Send the following materials to the appropriate MassDEP Regional Office\*, Attention: Asbestos Section:  This original completed and signed form.  A copy of the check/money-order from Step 1.  Any attachments to this form.   All supporting documentation.  \*Find the MassDEP Regional Office for the community where this work will be done: <http://www.mass.gov/eea/agencies/massdep/about/contacts/> | | | | | | | | | Send the materials below to:  MassDEP P.O. Box 4062 Boston, MA 02211   A copy of this completed and signed form.  Fee payment of $200 (check or money  order payable to “Commonwealth of Massachusetts”).  Please Note: Decals may no longer be used to pay Blanket Notification fees. | | | | | | | | | | |