Submit Form

DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION

5555 Skyway **(530) 872-6291 x123**
Paradise CA 95969 **www.townofparadise.com**

Asbestos Statement

This statement is required to be completed prior to permit issuance for any repair, replacement, alteration, remodeling, improvement, removal or demolition to any building, structure, service equipment or sign.

Property Address:	**A.P.#:**
	Permit #:
Property Owner:	**Telephone #:**
Property Owner's Address:	
Contractor:	**Telephone #:**
Contractor's Address:	
State Contractors License:	**Business License:**
Tenant:	**Telephone #:**

To the best of my knowledge, the work to be performed as authorized pursuant to the permit(s) for this project will not disturb 100 square feet* or more of surface area of asbestos containing material. I understand that Section 7058.5 of the California Business and Professions Code requires that the removal of 100 square feet or more of surface area of asbestos containing materials must be done by parties properly licensed and certified to perform asbestos related work.

Owner/Agent/Lessee – Signature:	**Date:**
Contractor - Signature	**Date:**

*EPA regulations apply to the removal of 100 square feet or more of asbestos containing materials. For further information, contact the Environmental Protection Agency at 800-471-7127 or

http://www.epa.gov.