## **AGENCY USE ONLY**

## **AMENDMENT FOR:** NOTICE OF INTENT TO REMOVE ASBESTOS

Southwest Clean Air Agency
11815 NE 99<sup>th</sup> Street, Suite 1294
Vancouver, WA 98682
Voice: (360) 574-3058
Fax: (360) 576-0925

www.swcleanair.org

Date amendment received

This amendment *must* be present with original notice at the asbestos project site.

After 2<sup>nd</sup> amendment, a fee will apply for each additional amendment.

See Consolidated Fee Schedule <a href="http://www.swcleanair.org/fees/index.asp">http://www.swcleanair.org/fees/index.asp</a>

Use this form only w	hen the following changes occ	cur: (check one or more)	
☐ Project Category	☐ Quantity remove	d changes by +/- 20% or changes fee structure	
☐ Project Start and/or Completion date	☐ Work Shift Days	☐ Work Shift Days and Hours	
☐ Address correction due to incorrect information	☐ Disposal Site		
Do not amend	l minor changes such as jo	b site supervisor	
Job Site Address:	City, State, Zip:_		
	ase indicate Only the Changes		
Additional Quantity To Be Removed:	SQ FT	Linear FT	
New Footage Totals:	SQ FT	Linear FT	
Project Starting Date:	Completion Date:		
Workshift Days: $\square$ M $\square$ T $\square$ W $\square$ TH $\square$ F	□ SA □ SU		
Workshift Hours:			
Job Site Address:	City, State, Zip:	City, State, Zip:	
Reason for Address Change:			
Disposal Site and Address:			
Contractor or Property Owner:			
Additional Comments: (attach additional sh	eets if necessary):		
I DO HEREBY CERTIFY THAT THE INFORMATION TO THE BEST OF MY KNOWLEDGE, ACCURATE		IT IS,	
Print Name	Company	AGENCY USE ONLY	
Signature	Date	Case #:	
Phone:		Amendment #:	