City of Taunton
Board of Health
45 School Street
Massachusetts 02780-3212

# Asbestos Abatement Plan Review

Fee: $50.00 for Residential Properties, $100.00 for Commercial
Payable to "City of Taunton"

**1. Job Location:**

_____ _____
Name of Facility Street Address

_____ _____ Phone: (_____)_____ - _____
City State

DEP Project Approval Number:_____

**2. Asbestos Contractor:**

_____ _____
Name Address

_____ _____
City/Town Zip Office phone: (_____)_____ - _____

DOS Contractor License Number:_____ Cell phone: (_____)_____ - _____
Asbestos Supervisor Name:_____
DOS Supervisor License Number:_____

**3. What type of Abatement Activity are you conducting? (check all that apply)**

- ❑ Removal
- ❑ Demolition
- ❑ Repair
- ❑ Other_____
- ❑ Encapsulation
- ❑ Renovation
- ❑ Enclosure

**4. Amounts and types of asbestos materials to be removed (linear ft/ sq ft):**

TSI _____
Fireproofing _____
Floor Tile _____
Shingles _____

Other _____
_____

**5. Please attach asbestos materials test results to this application. (If applicable)**

**6. Project Dates:**

Project Start Date:_____

Project Completion Date: _____

**7. Notification Dates:**

Department of Environmental Protection (DEP): _____
(requires notice 10 ***working*** days prior to start)

Division of Occupational Safety (DOS): _____
(requires notice 10 ***calendar*** days prior to start)

**8. Please describe Removal/Disposal methods to be employed:**

_____

_____

_____

_____

_____

_____

**9 Please sketch a site plan in the area provided below. Include street names, and areas where asbestos will be removed. Attach additional sheets if necessary.**

**10. Upon completion of asbestos removal project, the following documents must be mailed to the Board of Health:**

1) Certified air monitoring clearance testing results
2) Asbestos disposal manifest documents

**Reviewer's Comments:**

_____

_____

_____

**BOH USE ONLY**

Approved By:_____

Title:_____

Date:_____