



# Asbestos Notice of Demolition or Asbestos Renovation Business Portal Guide

Division of Air Resources Management  
Department of Environmental Protection  
2600 Blair Stone Rd, Tallahassee, FL 32399

Revised March 2025

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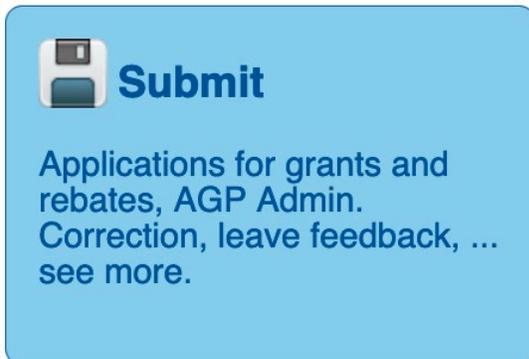
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## GETTING STARTED

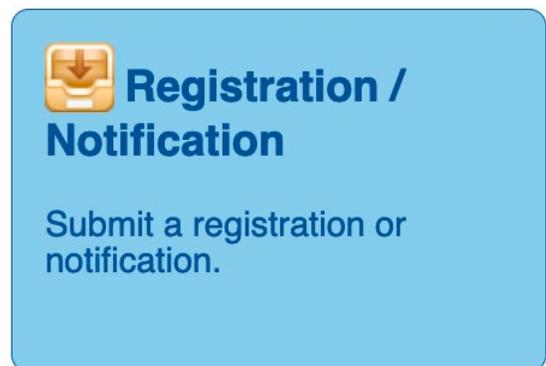
1. Begin at the Florida DEP website, <https://floridadep.gov>, hover over “How Do I” and click “Access the DEP Business Portal”



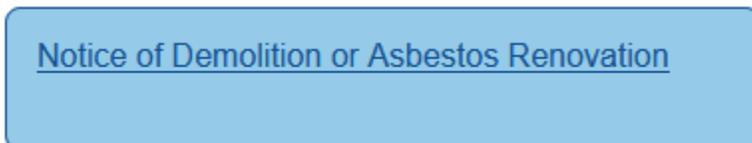
2. Click “Submit.”



3. Click “Registration/Notification”



4. Click “Notice of Demolition or Asbestos Renovation”



5. Sign In. If you have not used the DEP Business Portal before, register using the highlighted link. After filling out the required information and clicking “Register,” you will be sent a verification email to create a password.

## Sign In

If you've already registered with the DEP sign in below. DEP employees may use their network username to sign-in.

(e.g., *wile.e.coyote@domain.com* OR *coyote\_we*)

**E-mail Address\*:**

**Password\*:**

[I forgot my password.](#)

[If not, then register.](#)

6. Introduction. Choose an “Application Friendly Name.” The purpose of this name is to easily find your notification if you need to stop for any reason. It can also be used to check the status of the notification’s completion. This name is your choice and does not need to correspond to any previously given name. You will need to choose a new Application Friendly Name for every new notification.

**Introduction**

You are processing : Notice of Demolition or Asbestos Renovation

Which is defined as : The Florida Department of Environmental Protection (DEP) administers an asbestos program under Chapter 62-257, Florida Administrative Code. The program's intent is to prevent the release of asbestos fibers to the outside air during demolition or renovation activities.

The program requires prior notification to the FDEP of any demolition of a facility regardless of whether or not asbestos is present, and for the renovation of a facility involving the removal of a threshold amount of regulated asbestos containing material (RACM).

Florida Statute or Rule : [62-257, F.A.C.](#)  
[40 CFR Part 61 Subpart M](#) - Federal Rule

Application Friendly Name : \*

This system allows you to start a notification, exit at any time, and return to complete it within 30 days. Please enter a "Friendly Name" for your project so your saved information can be recalled. **When you return to the Portal, choose "Continue"**, then "An Incomplete Self Service Authorization" and the name you selected will be displayed along with any other applications you have in process.

Examples would be "1812 Main St - 5th floor", "Polynesian Resort Bldg C"

7. Information Checklist. Please review the following list and ensure that you have all the necessary information required for the Notice of Demolition or Asbestos Renovation prior to continuing. This includes the amount of RACM and Category I & II non-friable ACM as determined by the performed asbestos site survey, the contractor's name, the waste transporter, and the waste disposal site.

#### Information Checklist

Please review the following list and ensure that you have all the necessary information required for the Notice of Demolition or Asbestos Renovation prior to continuing.

1. Facility name, number (including floor or room number if appropriate), address
2. Building size, number of floors, building age
3. Name of consultant or firm that conducted asbestos site survey/inspection
4. Facility Owner's name, address, phone, e-mail
5. Contractor's name, address, phone, e-mail
6. Scheduled start and finish dates of demolition/renovation
7. Description of planned demolition/renovation work including methods and techniques to be used and description of affected facility components
8. Description of procedures to be used if unexpected RACM is found or previously non-friable asbestos becomes friable
9. Waste Transporter's name, address, phone
10. Waste Disposal Site's name and address
11. Procedure, including analytical methods, employed to detect presence of RACM and Category I and II non-friable ACM
12. Estimate of the approximate amount of RACM to be removed from the facility
13. Estimate of the approximate amount of Category I and Category II non-friable ACM in the affected part of the facility that will not be removed before demolition
14. Name and address of person to receive fee invoice
15. Asbestos Notification ID# (as appears on invoice), if cancelling or revising a previously-submitted notice.

8. Notification Cancellation. If you are cancelling a previously filed Notice, click "Yes." Be sure to have the Notification ID#, which can be found at the bottom of the Notification. If this is an original or revision to a notification, click "No."

#### Notification Cancellation

Are you cancelling a previously filed Notice of Demolition or Asbestos Renovation? : \*  Yes  No

**NOTE:** A cancellation notification should be filed when the demolition/renovation project previously filed will not be started (for example, when a building owner uses a different contractor, or when he decides not to remove asbestos). If the project is started but then stopped before completion for any reason, do not send in a cancellation notification. However, please contact the environmental program having jurisdiction over that project. For a list of FDEP District or Local Program contacts see: <https://floridadep.gov/air/>

If Yes, go to "Steps to Cancel a previously filed Notice" in the table of contents.

9. Notice Type. Choose 'original' or 'revising' as appropriate for your notification

**Notice Type**

I am : \*

submitting an original asbestos renovation or demolition notice.

revising a previously filed notice.

[Go Back to Previous Step](#) [Save and Go to Next Step](#)

If revising, go to "Steps for a Revision to a previously filed Notice" in the table of contents.

10. Applicability Questions. Before answering this applicability question, review the "Help" tab to ensure the requirements are met.

**Applicability Questions**

Is this project for a residential building exempt from notification requirements (See "Help" by clicking tab above for more information)? : \*

Yes

No

**NOTE:** If yes, notification is not required. A "courtesy" notification may be submitted with no fee.

[Go Back to Previous Step](#) [Save and Go to Next Step](#)

To determine if the notification is a "courtesy" notification, answer the questions.

- Is this project for an "institutional, commercial, public, or industrial structure, installation, or building; any ship; or any active or inactive waste disposal site"?
- Does this project involve more than one residential building with the same owner or operator?
- If this is a multi-family residential building, does it have more than 4 dwelling units?
- If this is a residential building, has it EVER been used for anything other than a residential building?
- Are there any other residential buildings or other types of buildings on this property?
- Is this renovation/demolition part of a larger project (mobile home park, road widening, etc.)?
- Is more than one residential building to be removed from its foundation and relocated?
- Will this residential building be burned for purposes of firefighter training or some other reason?
- Is this building multi-use (is it a commercial building with a residential building, such as a loft?)

**Note: If you answer "No" to all these questions, this will be considered a "courtesy" notification.**

## Steps for a Demolition (Removal of Structural Components) Notice

1. **Threshold Questions:** For a demolition, choose “No” for “Is this a renovation project involving more than the ‘threshold amount of RACM’” and “Yes” for “Is this project a demolition.” You cannot choose “Yes” for both questions. See NOTE in screenshot.

**Threshold Questions**

Is this a **renovation** project involving more than the "threshold amount of RACM" (See "Help" by clicking tab above for more information) : \*

Yes  
 No

Or

Is this project a **demolition**? : \*

Yes  
 No

**NOTE:** You cannot answer "Yes" to both questions. Asbestos renovation with a subsequent demolition requires two separate notifications. If you answered "no" to both of these questions, this will be considered a "courtesy" notification.

If this is a renovation project, go to “Steps for a Renovation Notice” in the table of contents.

2. **Project Type:** Indicate the type of demolition project.
  - "Demolition" means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.
  - "Ordered demolition" means a demolition under an order of a State or local government agency, issued because the facility is structurally unsound and in danger of imminent collapse.

If “ordered demolition” is selected, you will be prompted to upload a demolition form on the following screen.

**Project Type**

This notification is for : \*

a demolition  
 a demolition ordered by state or local Government due to danger of imminent collapse.

[Go Back to Previous Step](#) [Save and Go to Next Step](#)

3. **Facility Information:** Be sure to distinguish if the facility location address is also the owner’s mailing address. This may be used to mail the fee if it is indicated that the owner will be paying. See the Help tab for definition of “Facility”.
- Facility Name is the name of the entire facility
  - Site Name is the specific site where work is being performed (i.e. “Building 3,” “5<sup>th</sup> floor hallway”)

**Facility Information**

Please enter or update the Facility Location (using a Florida zip code) for this Asbestos regulated project:

Facility Name : \*

Site Name : \*

Address Line 1 : \*

Address Line 2 :

Zip Code : \*

City : \*

State : \*

County :

Is the Facility Owner mailing address the same as the Facility Location address? : \*

Yes

No

4. **Facility Details:** The Consultant Inspecting Site is the licensed asbestos consultant that performed an asbestos survey for the site. A thorough inspection (site survey) is a requirement for all projects regulated by the NESHAP. If you have access to the survey, please click “Yes.” If not, after completing this form please contact your local asbestos program for help getting all required documents for this notification.

**Facility Details**

Please enter or update the additional details pertaining to the Facility for this Asbestos regulated project:

Consultant Inspecting Site : \*

Consultant License Number : \*

Building Size (Sq. Ft) : \*

Number of Floors : \*

Building Age (in Years) : \*

Attach a survey? :   
 Yes   
 No

**Present Use : \***   
 Institutional, Commercial, Industrial   
 Residential Exemption   
 Residential (non-exempt)   
 School/College/University   
 Other

**Prior Use : \***   
 Not Applicable (N/A)   
 Institutional, Commercial, Industrial   
 Residential Exemption   
 Residential (non-exempt)   
 School/College/University   
 Other

[Go Back to Previous Step](#)

[Save and Go to Next Step](#)

5. **Facility Owner Information:** Complete the requested information.

**Facility Owner Information**

Please enter or update the Facility Owner Information for this Asbestos regulated project:

**Facility Owner Information**

Facility Owner : \*

Address Line 1 : \*

Address Line 2 :

Zip Code : \*

City : \*

State : \*

Phone : \*

E-mail :

(Note: The email field is optional but important to enter if the Facility Owner is being invoiced for the project fee.)

Go Back to Previous Step

Save and Go to Next Step

6. **Contractor Search:** Add the contractor that is responsible for the asbestos project. Select "Add New Contact" to search for and enter your contractor information. Select the "Help" tab above for more assistance.

**Contractor Search**

The facility details are listed below. Now you need to add the contractor that is responsible for your asbestos renovation or demolition project. Select "Add New Contact" to search for and enter your contractor information. You must link, one contractor for the project (click the checkbox under "Contractor"). Select the "Help" tab above for more assistance.

If you see a  by the selected contractor, you are missing required data for this contractor. Click the  icon to complete the required information, then proceed to the next step.

Facility Details	Asbestos Facility 2 1 Asbestos St Tallahassee, FL 32305
<b>Contractor</b> (Company Contact, Individual Contact)	

[Add New Contact](#)

**Enter Search Criteria:** For best results, input limited information. For example, for “Smith Contracting,” just type the name in the “Company Name” field and leaving the others blank.

**Enter Search Criteria**

To assist the Department of Environmental Protection in maintaining accurate records, please search our system for existing Contractor information. You may search on Company Name, Contractor Name or Contractor License. When entering your search information, less is more. Entering a portion of your company's name, your name, or license number will return more choices, but will produce a greater chance of finding the correct information the first time you search.

Search examples - Smith Contracting LLC - Search 'smith', CGC0234567 - search '345' or '567'

Company Name :

Contractor Name :

Contractor License :

[Manage Contacts](#) [Search and Continue](#)

Example: Searching for “Leon” in the Company Name field.

## Search Results

Please select from the list below and **Continue**. If you do not see your contact, click **Add New Contact**.

Select One	Contractor	Address	City/State/Zip
<input type="radio"/>	L & L DEMOLITION & SALVAGE INC LEONARD P LINHARES; PRESIDENT	5500 OLD WINTER GARDEN RD	ORLANDO, FL, 32811 1525
<input type="radio"/>	LEONARD WILLIAN GRISSOM	1564 APPLEWOOD WAY	TALLAHASSEE, FL, 32312
<input checked="" type="radio"/>	WASTE MANAGEMENT OF LEON COUNTY INC CALVIN WILKERSON	4945 HIGHWAY 273	CAMPBELLTON, FL, 32426 7129
<input type="radio"/>	WASTE MANAGE OF LEON COUNTY INC CALVIN WILKERSON	4945 HIGHWAY 273	CAMPBELLTON, FL, 32426 7129
<input checked="" type="radio"/>	WM OF LEON COUNTY, INC CALVIN WILKINSON	4945 HIGHWAY 273	CAMPBELLTON, FL, 32426 7129
<input type="radio"/>	SONY CONSTRUCTION LEONARDO GUERRA	5963 NW 75 WAY	PARKLAND, FL, 33064
<input checked="" type="radio"/>	L & L DEMOLITION & SALVAGE, INC. LEONARD P LINHARES	5500 OLD WINTER GARDEN RD	ORLANDO, FL, 32811 1525
<input type="radio"/>	L & L DEMOLITION & SALVAGE, INC.	5500 OLD WINTER GARDEN RD	ORLANDO, FL, 32811 1525

**Total Records : 18**

[Search Again](#)

[Add New Contact](#)

[Manage Contacts](#)

[Continue](#)

- If your contractor is listed, select them and click “Continue”. If your contractor is not listed or the search finds no results, click “Add New Contact” button. Enter all required fields for a new contractor on the next screen.

**Contact Information**

Please enter the information for the Contractor you would like to designate.

Specify your contact type : \*

Org Contact

Person Contact

Name : \*

Contact : \*

Address Line 1 : \*

Address Line 2 :

Zip Code : \*

City : \*

State : \*

Phone Number : \*

Extension :

Cell Number :

Fax Number :

E-mail Address : \*

Cancel

Save

- Once you have selected your contractor or entered all information required for a new contractor, you must check the box next to their name (circled in red). Then click Done with All Contacts.

**Contractor Search**

The facility details are listed below. Now you need to add the contractor that is responsible for your asbestos renovation or demolition project. Select "Add New Contact" to search for and enter your contractor information. You must link, one contractor for the project (click the checkbox under "Contractor"). Select the "Help" tab above for more assistance.

If you see a  by the selected contractor, you are missing required data for this contractor. Click the  icon to complete the required information, then proceed to the next step.

Facility Details	Asbestos Facility 2 1 Asbestos St Tallahassee, FL 32305
------------------	--

**Contractor**  
(Company Contact, Individual Contact)

L & L DEMOLITION &  
SALVAGE INC  
LEONARD P LINHARES;  
PRESIDENT   
5500 Old Winter Garden  
Rd   
  
Orlando,  
FL 32811-1525   
US



Add New Contact

Go Back to Previous Step

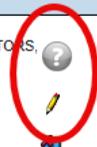
Done with All Contacts

Note: If there is a grey question mark in a circle beside the contractor's name, there is information missing that is required to proceed. Click the pencil icon just below to add the required data.

Facility Details	Buildings 1-5 1431 Rail Head Blvd Ste 100 Tallahassee, FL 32301
------------------	---

**Contractor**  
(Org Contact, Person Contact)

ROPER & ROPER  
GENERAL CONTRACTORS,  
LLC  
ROPER, LARRY D  
5042 Skylark Ct  
Pensacola,  
FL 32505-1841  
US



Add New Contact

7. **Additional Contractor Info:** Provide the required information. Before selecting the option for "... the contractor is exempt from licensure under section 469.002(2), (3), or (4) F.S.", review the requirements [found here](#). Requirements are also listed in the Help tab.

Even if there is no asbestos containing material as part of the project, you will still need to provide information regarding the construction and demolition (C & D) waste transporter. If it is selected that the contractor is also the waste transporter, a question will be added asking if you would like to add a second waste transporter.

**Additional Contractor Info**

Contractor License Number :

Is this a licensed asbestos contractor? : \*  Yes  
 No

Check here if the contractor is exempt from licensure under section 469.002(2), (3) or (4) F.S. :

Is the Contractor also the Asbestos/C & D Waste Transporter? : \*  Yes  
 No

8. **Waste Transporter:** If the contractor is not the waste transporter, provide the information below.

**Waste Transporter**

Please provide the Asbestos / C & D Waste Transporter Information:

Name : \*

Address Line 1 : \*

Address Line 2 :

Zip Code : \*

City : \*

State :

Phone : \*

E-mail Address : \*

9. **Project Description:** Provide the required information. If you still need to attach an asbestos survey, select “Yes” for the “additional documents to upload” question. You can upload any other relevant documents using this selection as well.

**Project Description**

Please provide the description of the demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Description of Facility Components : \*

Description of the Work to be Performed : \*

Please provide the description of any procedures currently planned pertaining to Unexpected RACM.

Description : \*

The following is a list of all the demolition or renovation methods and techniques to be Used. Please check all that apply : \*

- Strip and Removal
- Bulldozer
- Implose
- Wrecking Ball
- Burn Down
- Other

The following is a list of all the work practices and engineering controls to be used. Please check all that apply : \*

- Wet Method
- Glove Bag
- Dry Method (Requires Department approval prior to project start date)
- Other

Do you have additional documents to upload? : \*

- Yes
- No

*If you checked "Yes", you will upload your documents on the next screen. Examples of additional documents include Survey reports, Dry Method Approvals, etc. If the project is an emergency renovation, the following additional information must be uploaded: date and hour the emergency occurred; description of the sudden unexpected event; and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.*

[Go Back to Previous Step](#)

[Save and Go to Next Step](#)

10. **Additional Documents:** Type a brief description of the file you are uploading, then click “Save and Continue.”

**Additional Documents**  
You have selected that you would like to submit additional documents (i.e. survey) along with your notification to the Department.

Please enter a brief description of the document to be uploaded below. On the next page you will be able to upload the file.

If you plan to upload more than one document, use the **Add New** button to provide additional spaces for document file descriptions. Then select **Save and Continue**.

**Note: Do not use an ampersand (&) in any file descriptions or uploaded file names. It will prevent your submission from being processed.**

**Document Upload Description**  
File Description : \*

Select “Browse” to select document to upload, then click continue.

**Additional Documents**  
When you click the Browse button, you will be asked to navigate to the location (on your computer) of the document you wish to upload. Clicking that file will begin to upload it to our database. Please check that it is the correct file before proceeding.

Acceptable file types are: doc, docx, jpg, gif, bmp, png, tiff, and pdf. Please note that all files have a size limitation of 15MB.

**Document Uploads**  
File Name :  
Select file to upload : \*

Description

No file selected.

**10.5 Survey Upload:** (Note: You will only see this screen if you selected “attach a survey” on step 4.) Same as step 10, Type a brief description of the file you are uploading, then click “Save and Continue.”

**Survey Upload**  
You have selected that you would like to upload a Survey.

Please enter a brief description of the document to be uploaded below. On the next page you will be able to upload the file.

If you plan to upload more than one document, use the **Add New** button to provide additional spaces for document file descriptions. Then select **Save and Continue**.

**Note: Do not use an ampersand (&) in any file descriptions or uploaded file names. It will prevent your submission from being processed.**

**Survey Upload Description**  
File Description : \*

✕

Add New

Go Back to Previous Step

Save and Continue

Select “Browse” to select document to upload, then click continue.

**Survey Upload**  
When you click the Browse button, you will be asked to navigate to the location (on your computer) of the document you wish to upload. Clicking that file will begin to upload it to our database. Please check that it is the correct file before proceeding.

Acceptable file types are: doc, docx, jpg, gif, bmp, png, tiff, and pdf. Please note that all files have a size limitation of 15MB.

**Survey Upload**  
File Name : Survey file  
Select file to upload : \*

Browse... No file selected.

Go Back

Continue

**11. Amount of RACM or ACM:** Enter the amount of RACM and Category I and Category II nonfriable ACM that will be removed from the facility. These amounts must match the amounts on the survey. See the Help tab for assistance.

**Amount of RACM or ACM**

Please provide the description of the procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM:

Description : \*

Estimate the approximate amount of RACM, and any CAT I or CAT II nonfriable ACM, to be removed from the facility in terms of linear feet of pipe, square feet of surface area on other facility components, cubic feet of volume if off of the facility components. Also, for demolitions, estimate the approximate amount of Category I and Category II nonfriable ACM, and any under-threshold RACM, in the affected part of the facility that will remain in place during demolition.

Please note "RACM to be removed" fields are locked on purpose for some types of notifications. Please click "Help" tab for additional information.

	RACM to be removed	Nonfriable CAT I ACM to be Removed	Nonfriable CAT II ACM to be Removed
Linear feet of pipe wrap:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Square feet of surfacing material:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Square feet of cementitious material:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Square feet resilient floor covering:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Square feet asphalt roofing:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Square feet of other materials (described below):	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cubic feet off facility components(described below):	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Other material description :

ACM to remain in place during demolition :

[Go Back to Previous Step](#)

[Save and Go to Next Step](#)

12. **Scheduled Dates:** Provide the dates that are applicable to this notice.

**Scheduled Dates**

Please provide the dates that are applicable to this notice of demolition or asbestos renovation/removal. The notification information must be submitted at least 10 working days before the project start date you enter here. If it is an 'Emergency Renovation Operation', the information must be submitted no later than 1 day after the start of the project. If this is an annual notification, Go Back to Previous Step, and select 'a planned (Annual) renovation/removal'.

Start (MM/DD/YYYY) : \*

Finish (MM/DD/YYYY) : \*

13. **RACM Removal Date:** If RACM is to be removed, provide the dates of removal.

**RACM Removal Date**

Please provide the dates that are applicable to this notice of demolition for RACM removal.

Start (MM/DD/YYYY) : \*

Finish (MM/DD/YYYY) : \*

14. **Waste Disposal Details:** Select “Yes” or “No” to the question of if the Waste Disposal site where the asbestos or C & D waste will be taken is in Florida.

Home

Process Help About

**Waste Disposal Details**

Is the Waste Disposal Site located in Florida? : \*  Yes  No

Go Back to Previous Step Save and Go to Next Step

15. **Enter Search Criteria:** This screen is only to search. For best results, only fill out one search field and use few words.

**Enter Search Criteria**

Please search for the waste disposal site you intend to take your materials to. You may search on any of the fields below. Do not enter the full address. When searching, less is more. Enter part of a street name, or a portion of the Site name. You can then select your site from multiple entries returned.

Examples - Chesser Road Landfill - search 'chess'.  
14356 SW Blountstown highway - search 'blount'  
Fort Myers - search 'myer'

Site Name :

Street Name :

Zip Code :

City :

16. **Search Results:** Find your waste disposal site from the search and click “Continue.”

**Search Results**

Please select a record. If your facility is not listed, click the *Search Again* button and refine your search.

Select One	Site Details	Site Address
<input checked="" type="radio"/>	LEON COUNTY SOLID WASTE MANAGEMENT FACILITY - CLASS I	7550 APALACHEE PARKWAY TALLAHASSEE, FL, 32311
<input type="radio"/>	LEON COUNTY SOLID WASTE MANAGEMENT FACILITY - CLASS III	7550 APALACHEE PARKWAY TALLAHASSEE, FL, 32311
<input checked="" type="radio"/>	US 192 SOLID WASTE MANAGEMENT FACILITY - CLASS III	US 192, 10 MI W MELBOURNE MELBOURNE, FL, 34773
<input type="radio"/>	OSCEOLA RD SOLID WASTE MGMT FACILITY-CLASS I LANDFILL - C AND D	1930 E OSCEOLA RD GENEVA, FL, 32732 9551
<input checked="" type="radio"/>	OSCEOLA RD SOLID WASTE MGMT FACILITY-CLASS I LANDFILL - CLASS I	1930 E OSCEOLA RD GENEVA, FL, 32732 9551
<input type="radio"/>	GAINESVILLE SOLID WASTE MANAGEMENT FACILITY (FKA WCA OF GAINESVILLE, FL, 32608 FL) - CLS I&III	5002 SW 41 BLVD
<input checked="" type="radio"/>	ROSEMARY HILL SOLID WASTE MGT. FAC. (CLOSED LFS) - CLASS I	3545 ROSEMARY HILL ROAD GREEN COVE SPRINGS, FL, 32043
<input type="radio"/>	ROSEMARY HILL SOLID WASTE MGT.	3545 ROSEMARY HILL ROAD

**Total Records : 51**

[Search Again](#) [Continue](#)

If the Facility Status is active there will be a green checkmark (circled below) and you will be able to proceed. If you are unable to find your waste disposal site, contact the State Asbestos Coordinator at (850)717-9060. If a disposal site has been selected in error, click the red x under “Actions” to choose another.

**Manage Facility(ies)**

Facility Name	Facility Address	Mailing Address	Status	Actions
3005 LANGFORD & MILLS HOME BUILDERS,INC.	CORNER LEPLLEY & ASHLAND STRTS. PENSACOLA, FL 32534	CORNER LEPLLEY & ASHLAND STRTS. PENSACOLA, FL 32534		

[Go Back to Previous Step](#) [Done with All Facilities](#)

17. **Invoice Mailing:** Select the responsible party who should receive the billing invoice. Please note that if the facility is being performed in a county with a local air program (other than Duval), the local air program will be invoicing.

**Invoice Mailing**

Please indicate responsible party who should receive the billing invoice.

- I would like to : \*
- have the invoice e-mailed to Facility Owner.
  - have the invoice e-mailed to Contractor.
  - have the invoice e-mailed to 3<sup>rd</sup> Party.

(Note: Though you are required to provide this information, automatic e-mails of invoices is not available for work to be performed at non-county owned facilities in Broward, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas, or Sarasota counties. Please contact those local air programs for information on payment of fees.)

18. **Third Party Information:** If you indicate that the invoice should be e-mailed to a 3<sup>rd</sup> Party, you will be prompted to enter the 3<sup>rd</sup> Party billing information.

**Third Party Information**

Please provide 3<sup>rd</sup> party billing information. This is the contact that will be receiving the invoice by mail.

Name : \*

Address Line 1 : \*

Address Line 2 :

Zip Code : \*

City : \*

State :

E-mail Address : \*

Phone Number : \*

Extension :

19. **Certification:** You must review your submission by clicking the link circled in red. This will show you the notification PDF that is generated using the information you entered. **You will not be able to proceed until you have reviewed your submission.** Once you have opened and reviewed the PDF that is generated, you can select whether you accept the electronic certification or DO NOT accept the electronic certification. If you are not finished, you should not proceed beyond this step.

If any applicable information changes before the project date you will be able to file a revision to this notification. (See: “Steps for a Revision to a Previously Filed Notification” below)

**Certification**

**Electronic Certification**

Important - You must click on the "reviewed my submission" hyperlink below to continue.

I, EATON\_J, have [reviewed my submission](#) and do hereby certify this agreement on behalf of Tower Estates.

I certify that no RACM shall be stripped, removed, or otherwise handled or disturbed at a facility regulated by this section unless at least one on-site representative trained in the provisions of

I accept the above electronic certification.

I **DO NOT** accept the above electronic certification.

Important - If you are not ready at this time to accept the certification and wish to return later to this submission, then close your browser and return when ready to complete.

[Go Back to Previous Step](#) [Save and Go to Next Step](#)

## Steps for a Renovation (Non-Structural) Notice

1. **Threshold Questions:** For a renovation, choose “Yes” for “Is this a renovation project involving more than the “threshold amount of RACM” and “No” for “Is this project a demolition.” You cannot choose “Yes” for both questions. See NOTE in screenshot. See the Help tab for details and assistance with threshold amounts. These amounts should be noted on the asbestos survey. If your renovation is below the threshold amount or RACM, this notification will be considered a courtesy.

**Threshold Questions**

Is this a **renovation** project involving more than the "threshold amount of RACM" (See "Help" by clicking tab above for more information) : \*

Yes  
 No

Or

Is this project a **demolition**? : \*

Yes  
 No

**NOTE:** You cannot answer "Yes" to both questions. Asbestos renovation with a subsequent demolition requires two separate notifications. If you answered "no" to both of these questions, this will be considered a "courtesy" notification.

2. **Project Type:** Choose the appropriate type of renovation. See the Help tab for details.

[Home](#)

[Process](#) [Help](#) [About](#)

**Project Type**

This notification is for : \*

a renovation.  
 a planned (Annual) renovation.  
 an emergency renovation.

[Go Back to Previous Step](#) [Save and Go to Next Step](#)

3. The remaining steps will be the same as for demolition, starting at step 3.

## Steps for a Residential Exemption Notice

1. **Applicability Questions:** Select “Yes” if project is exempt from notification requirements. Be sure to thoroughly read the requirements for the exemption before proceeding.

### Applicability Questions

Is this project for a residential building exempt from notification requirements (See "Help" by clicking tab above for more information)? : \*

Yes  
 No

**NOTE:** If yes, notification is not required. A "courtesy" notification may be submitted with no fee.

2. **Project Type:** Select the appropriate project type from the given list. Note: Demolition refers to the removal of structural components (i.e. floor joists, integral walls). Renovation refers to the removal of non-structural components.

### Project Type

This notification is for : \*

a demolition  
 a demolition ordered by state or local Government due to danger of imminent collapse.  
 a renovation/removal.  
 a planned (Annual) renovation/removal.  
 an emergency renovation/removal.

Go Back to Previous Step

Save and Go to Next Step

3. The remaining steps will be the same as for demolition, beginning with step 3.

\* Note that you will not be asked the “Threshold Questions,” or the “Invoice Mailing” question. This notification will be considered a courtesy.

## Steps for a Revision to a Previously Filed Notice

1. **Notice Type:** Select “revising a previously filed notice”

Home

Process Help About

**Notice Type**

I am : \*

submitting an original asbestos renovation or demolition notice.

revising a previously filed notice.

Go Back to Previous Step Save and Go to Next Step

2. **Notification Number Search:** Enter the Notification ID Number to retrieve your previous submission. This ID# can be found in one of three places:
  - Listed as the Asbestos Notification ID# on the invoice
  - The “Notification ID” on your Submission Confirmation e-mail
  - As the ID# on the bottom of the PDF you should have received with your submission.

If you still have trouble finding the ID number, contact the asbestos coordinator at (850)717-9060 or by e-mail at [Fl.Asbestos@dep.state.fl.us](mailto:Fl.Asbestos@dep.state.fl.us)

### Notification Number Search

You are searching by Notification ID Number. You must enter the number exactly as it appears on your notification or invoice. It is listed as the "Asbestos Notification ID#" on the invoice, as the "Notification ID" on your Submission Confirmation e-mail, and as the "ID#" at the bottom of the NOTICE OF DEMOLITION OR ASBESTOS RENOVATION attached to the e-mail. If you need assistance locating your Notification Number please contact the Asbestos Coordinator at (850) 717-9000 or by e-mail at [Fl.Asbestos@dep.state.fl.us](mailto:Fl.Asbestos@dep.state.fl.us).

Please enter a Notification  
Number : \*

3. All previously submitted information on your notification should be retrieved and will appear as when it was first entered. Only make changes to the sections that are to be revised. For details on each question, see the demolition section starting with step 3.

## Steps to Cancel a Previously Filed Notice

1. **Notification Cancellation:** Select “Yes” to the question “Are you cancelling a previously filed Notice of Demolition or Asbestos Renovation?”

### Notification Cancellation

Are you cancelling a previously filed  
Notice of Demolition or Asbestos  
Renovation? : \*  Yes  
 No

**NOTE:** A cancellation notification should be filed when the demolition/renovation project previously filed will not be started (for example, when a building owner uses a different contractor, or when he decides not to remove asbestos). If the project is started but then stopped before completion for any reason, do not send in a cancellation notification. However, please contact the environmental program having jurisdiction over that project. For a list of FDEP District or Local Program contacts see: <https://floridadep.gov/air/>

2. **Notification Number Search:** Enter the Notification ID Number to retrieve your submission. This ID# can be found in one of three places:
  - Listed as the Asbestos Notification ID# on the invoice
  - The “Notification ID” on your Submission Confirmation e-mail
  - As the ID# on the bottom of the PDF you should have received with your submission.

### Notification Number Search

You are searching by Notification ID Number. You must enter the number exactly as it appears on your notification or invoice. It is listed as the "Asbestos Notification ID#" on the invoice, as the "Notification ID" on your Submission Confirmation e-mail, and as the "ID#" at the bottom of the NOTICE OF DEMOLITION OR ASBESTOS RENOVATION attached to the e-mail. If you need assistance locating your Notification Number please contact the Asbestos Coordinator at (850) 717-9000 or by e-mail at [Fl.Asbestos@dep.state.fl.us](mailto:Fl.Asbestos@dep.state.fl.us).

Please enter a Notification  
Number : \*

3. **Notification Details:** Review the details and be sure this is the correct notification to be deleted.

[Home](#)

[Process](#) [Help](#) [About](#)

### Notification Details

Please confirm that this is the Notification Number you wish to **Cancel**:

Notification ID :

Facility Name :

Facility Address Line 1 :

Facility Address Line 2 :

Facility City :

Facility State :

Facility Zip Code :

Site Name :

Project Start :

Project End :

4. **Certification:** Review your submission and accept the electronic certification to proceed. You will need to use the circled link to open your submission for review, and then close it to be able to continue. You will not be able to continue if you select “I DO NOT accept the above electronic certification.”

**Certification**

**Electronic Certification**

Important - You must click on the "reviewed my submission" hyperlink below to continue.

I, EATON\_J, have [reviewed my submission](#) and do hereby certify this agreement on behalf of Tower Estates.

I certify that no RACM shall be stripped, removed, or otherwise handled or disturbed at a facility regulated by this section unless at least one on-site representative trained in the provisions of

- I accept the above electronic certification.
- I **DO NOT** accept the above electronic certification.

Important - If you are not ready at this time to accept the certification and wish to return later to this submission, then close your browser and return when ready to complete.

Go Back to Previous Step

Save and Go to Next Step