



Building Inspection Division
 409 S Main Street
 Harrisonburg VA 22801-7531
 Tel: 540-432-7700 Fax: 540-432-7777

ASBESTOS ABATEMENT PERMIT APPLICATION

Location of Work:

_____ (Building No. and Street Name)
 Sheet _____ Block _____ Lot(s) _____

Present Use: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No : _____

Contractor Name: _____

Contractor Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Email: _____

Required Attachments:

_____ ACM Initial Investigation Report

_____ Asbestos Abatement Proposal

For office use only:

Date Application Received _____ By: _____

Date Building _____ Approved _____ Denied

Building Division _____

Asbestos Permit No: _____

Master Building Permit No: _____

Contractor's DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

Brief Description and Remarks:

This permit does not relieve the permit holder's obligation to notify the Virginia Department of Labor and Industry (DOLI) of asbestos abatement and disposal activities.

Link to the DOLI Lead and Asbestos program:

<https://www.doli.virginia.gov/asbestos-regulations/>

Richmond Office: 804-371-2327

Roanoke Office: 540-562-3580

Estimated Total Value of Abatement (including materials and labor):

\$ _____

Fee: \$ _____ **State Levy: \$** _____

Total Fee: \$ _____

I hereby certify that this proposed work will be done with the owner's consent. I acknowledge that I have read this application and the statements herein and agree that the work will be performed as stated.

Applicant Signature: _____