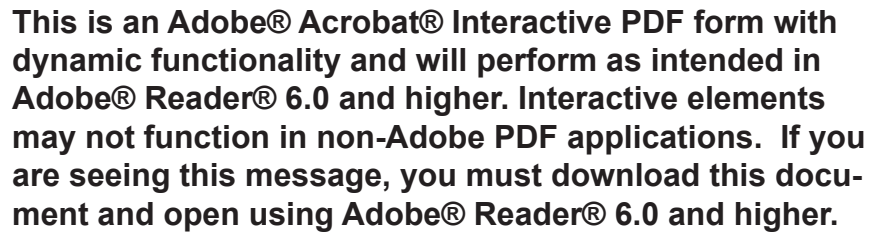


Telephone: 609-826-4950 Fax: 609-826-4975

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Date of Notification: _____ Type of Work: ☐ Demolition ☐ Renovation

☐ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)



contractor's DOH approval to perform exempted VAT work. You may use additional sheets if necessary:

[illegible]

III. FACILITY INFORMATION (CONTINUED)				
Building/Area	Floor	Room Number	Date(s) work will be Performed	Work Hours (i.e. 8a-4p)

Occupancy Status During Activity (check only one):

- ☐ Facility Closed/Vacated During Entire Activity
- ☐ Activity Performed Outside Normal Facility Hours—Describe: _____
- ☐ Other—Describe: _____

Type and Amounts of Material (complete all applicable information):

- ☐ Floor Tile Square Footage: _____ Percentage Asbestos: _____ %
- ☐ Mastic Square Footage: _____ Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION	
Company Name: _____ Telephone No.: _____	
Street Address: _____ City: _____ State: _____ Zip: _____	
New Jersey Asbestos Abatement License Number (if applicable): _____	
Monitoring Firm (if applicable): _____ Telephone No.: _____	

V. SIGNATURE	
Completed By (type or print legibly): _____ Title: _____	
Signature: _____ Date: _____	