



AIR QUALITY CONTROL

Asbestos Abatement

Final Clearance Reinspection Certificate

APC USE ONLY
Permit No. _____
Check No. _____
Date Received _____
Fee _____

1. NAME OF LICENSEE PERFORMING WORK ASBESTOS LICENSE NUMBER DATE OF ORIGINAL FINAL CLEARANCE INSPECTION OR LAST REINSPECTION

MAILING ADDRESS CITY STATE ZIP

CONTACT NAME TELEPHONE

2. NAME OF FACILITY OWNER

MAILING ADDRESS CITY STATE ZIP

CONTACT NAME TELEPHONE

3. PROJECT SITE INFORMATION - NAME OF SITE PERMIT NO.

ADDRESS CITY STATE ZIP

CONTACT NAME TELEPHONE

EXACT LOCATION FLOOR(S) ROOM(S) or AREA

4. NAME OF AIR MONITORING COMPANY FOR DINAL CLEARANCE AIR SAMPLING

CONTACT NAME TELEPHONE

5. FINAL CLEARANCE REINSPECTION FEE: \$159.00

Make check payable to: **ALLEGHENY COUNTY AIR POLLUTION CONTROL FUND**

I CERTIFY THAT ALL WORK HAS BEEN DONE IN ACCORDANCE WITH SECTION 2105.63 OF ARTICLE XXI, RULES AND REGULATIONS OF THE ALLEGHENY COUNTY HEALTH DEPARTMENT, AIR QUALITY CONTROL

APC USE ONLY		
Reviewed By	Title	Date
Permission To Reinspect	Title	Date

Owner: _____

Name: _____

Telephone: _____

Date: _____