



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR ALTERNATIVE WORK PRACTICES

STATE USE ONLY

Date _____

Received _____

Check # _____

Trans # _____

Entered _____

Please provide the following information as required by the Regulations of Connecticut State Agencies, Section 19a-332a-11. Be sure to note if there are attachments. An incomplete application will result in a delayed response. Fee for application is \$200, payable to "Treasurer, State of Connecticut". Allow ten days to review application, except for emergency applications. Application may only submitted by a licensed asbestos project designer.

1. PROJECT DESIGNER INFORMATION

Date of Application _____

Inspection Date: _____

Name of Project Designer _____

License # _____

License Expiration Date _____

Phone # _____

Address _____

City, State, Zip Code _____

Signature _____

2. PROPERTY INFORMATION

Facility Owner _____

Address _____

Phone _____

Contact Person _____

Address of Facility _____

City, State and Zip Code _____

3. ASBESTOS ABATEMENT CONTRACTOR INFORMATION (IF KNOWN)

Asbestos Abatement Contractor _____

CT License # _____

Address _____

City, State Zip Code _____

Phone _____

Contact Person _____

4. PROJECT SUMMARY

Nature of Abatement _____

Renovation _____

Demolition _____

Both _____

Type of Asbestos Abatement _____

Removal _____

Enclosure _____

Encapsulation _____

Spot Repair _____

Start Date (if known) _____

Type and Amount of Asbestos Material Pertaining to AWP (Use additional attachment if necessary)

Floor Tile (FT ²)	Linoleum (FT ²)	Transite (FT ²)	Other Non-Friable (specify)
Window Caulking (LF)	Pipe Insulation (LF)	Pipe Fittings (each)	Other Friable (specify)



Phone: (860) 509-7367, Fax: (860) 509-7378
Telephone Device for the Deaf (860) 509-7191

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P.O. Box 340308 Hartford, CT 06134
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5. DESCRIPTION OF FACILITY

Building Data	Size	Age	Facility Use
	<i>Square Feet</i>	<i>Estimate, if unknown</i>	

6. SPECIFIC ALTERNATIVE WORK REQUEST

Section(s) and Subsections of the Standards for Asbestos Abatement regulation for which alternative work practice(s) is/are proposed:

Description of Alternative Work Practice(s): Please provide additional information such as drawings, photographs, work plans or similar information in order to provide an accurate review. Please identify the specific work area/s of the facility.

DPH STAFF

Application Status

REVIEWED BY	DATE	APPROVED/ DENIED/ SET ASIDE

MAIL COMPLETED FORM TO:

DEPARTMENT OF PUBLIC HEALTH - EHS
410 CAPITOL AVE, MS# 12 AIR
PO BOX 340308
HARTFORD, CT 06134-0308