



# 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 <sup>2</sup> )	Linoleum (FT <sup>2</sup> )	Transite (FT <sup>2</sup> )	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  
410 Capitol Avenue - MS #12-AIR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer



## 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:

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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.

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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