

**Asbestos Project
Annual Facility
Variance
Request**

2009

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-6220

**FORM
AV**

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Reporting Calendar Year 2009

Facility Code

Important Notice

A facility that files an annual facility notification with the Department of any asbestos abatement projects that: (1) involve less than 160 square feet or 260 linear feet of asbestos-containing material; and (2) are necessitated by the need to repair or perform maintenance on facility equipment may submit this application once during any calendar year for standard and non-standard variances commonly used or anticipated in the facility provided the facility has a contractual agreement with an Asbestos Abatement Design Consultant to perform services for the calendar year in which the annual facility variance is requested. The facility representative must be aware of and approve of the requested variances by signing below.

Instructions

Complete and submit to the Department (at the time of submittal of form A- Asbestos Project Annual Facility Notification) the following:

1. Form AV (Asbestos Project Annual Facility Variance Request) with appropriate signatures.
2. Form V (Asbestos Project Variance Request) with Design Consultant sign-off.

Record Keeping Requirements

1. You must still notify the Department of each asbestos abatement project conducted at the facility using the Department's Asbestos Project Notification Form N. You may apply for a project specific variance at the time you submit Form N.
2. A copy of the Asbestos Project Annual Facility Variance Notification Form AV and Asbestos Project Variance Request Form V must be available at the facility for review by the Department.

When utilizing variances approved under the Annual Facility Variance procedure, write "Approved Annual Variance" in Item 4 (Variances) on Form N.

Design Consultant Sign-off for Requested Variance(s)

Name
Company
Mailing Address
City State Zip
TEL FAX

Signature Date

Facility Representative Sign-off for Requested Variance(s)

Name
Company
Mailing Address
City State Zip
TEL FAX

Signature Date

MEDEP Action on Annual Facility Variance Request

APPROVED **DISAPPROVED** (by) _____ (date) _____

MEDEP USE ONLY

Postmark/ FAX/ Hand Delivered

Date Received _____