

**UTAH DIVISION OF AIR QUALITY**

**195 North 1950 West, 4<sup>th</sup> Floor**

**Salt Lake City, UT 84116**

Date Received: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Emergency Renovations, Emergency Demolitions, Ordered Demolitions**

(original notification only)

**This form must be attached to the standard notification form in order to be accepted.**

**For Emergencies**

1 Facility Name \_\_\_\_\_

2 Facility Address \_\_\_\_\_

3 Date and Hour of Emergency \_\_\_\_\_

4 Detailed description of the sudden unexpected event that caused the emergency.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Explanation of how the event caused unsafe conditions, would cause equipment damage or an unreasonable financial burden to the facility owner.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Ordered Demolitions**

6 Government Agency that Ordered the demolition because the building was unsound and in danger of imminent collapse. (attach copy of the Order to demolish)

7 Name of Agency \_\_\_\_\_

8 Title of Official \_\_\_\_\_

9 Authority of Official \_\_\_\_\_

10 Date Ordered \_\_\_\_\_ Date ordered to begin demolition \_\_\_\_\_

<b>OFFICIAL USE ONLY!</b>	
Date Accepted _____	Date Rejected _____
Reviewers Initials _____	ACTS #: _____
Comments: _____	
_____	
_____	