



Asbestos Removal Certification

Permit Application Center
Fairfax County Land Development Services
12055 Government Center Parkway, Suite 230, Fairfax, VA 22035
Phone: 703-222-0801, TTY 711
www.fairfaxcounty.gov/landdevelopment



This form, to be completed by the property owner or the owner's agent, is for the purpose of recordation of work in lieu of an inspection by Fairfax County under an asbestos removal permit. Upon completion of asbestos removal or abatement, return this form to the Permit Application Center; failure to do so will result in permit expiration without record or work. Original signatures are required on all "asbestos removal certifications".

Removal Certification Form:

Address of structure: _____

Location of work, Floor: _____ Suite: _____

Description of work: _____

Owner Information:

Name: _____

Address: _____

Phone: _____

Contractor Information:

Asbestos removal permit number: _____

Completion date of asbestos removal: _____

Firm name: _____

Contact name: _____

License number: _____ Expiration date: _____

I certify that the above information is true and correct and that the removal or abatement of asbestos containing material was performed in accordance with the requirements of the Uniform Statewide Building Code.

Signature of owner or owner's agent: _____ Date: _____

Printed name: _____ Title: _____