Florida Department of Environmental Protection
Division of Air Resource Management
NOTICE OF RENOVATION OR DEMOLITION FORM

1. Applicability.
Is this project for a residential dwelling exempt from notification requirements (see instructions)? ☐ Yes ■ No
If yes, notification is not required. A "courtesy" notification may be submitted with no fee.

2. Threshold.
Does this project involve more than the "threshold amount of RACM" (see instructions)? ■ Yes ☐ No
If no, and this is a renovation project, notification is not required. A "courtesy" notification may be submitted with no fee.

3. Type of Notice (check one).: ■ **Original** ☐ **Revised** ☐ **Cancellation** ☐ **Courtesy**
If Revised or Cancellation, enter the previous Notification Number: _____

4. Type of Project (check one).: ☐ **Demolition** ■ **Renovation**
If Demolition: Was it ordered by state or local government due to danger of imminent collapse? ☐ Yes ■ No
If Renovation: Is it an emergency renovation operation? ☐ Yes ■ No
Is it a planned (annual) renovation operation? ☐ Yes ■ No

5. Facility Location.
Facility Name: Celebration Point Master Association, Inc Site Name (see instructions): _____
Address Line 1: 15569 Miami Lakeway N Address Line 2: _____
City: Miami Lakes State: FL Zip Code: 33014 County: USA

6. Facility Owner.
Facility Owner Name: Celebration Point Master Association, Inc E-mail (optional): celebration@npmassociation.com
Mailing Address Line 1: 15517 Miami Lakeway N Address Line 2: _____
City: Miami Lakes State: FL Zip Code: 33014 Phone: 305-825-9413

7. Facility Details.
Asbestos Consultant Inspecting Site: _____ Asbestos Consultant License Number: _____
Building Size (Sq. Ft.): 9933 Number of Floors: 3 Building Age (in Years): 1989
Survey Attached? ☐ Yes ■ No

Present Use:
☐ Institutional, Commercial, Industrial
☐ Residential (exempt; see instructions)
■ Residential (non-exempt; see instructions)
☐ School/College/University
☐ Other _____

Prior Use:
☐ Institutional, Commercial, Industrial
☐ Residential (exempt; see instructions)
☐ Residential (non-exempt; see instructions)
☐ School/College/University
☐ Other _____

8. Contractor Contact Information. This is the contractor responsible for this project.
Company Name: Roofing and Construction Corp Licensed Asbestos Contractor? ☐ Yes ■ No
Individual Contact: Ezequiel Romero E-mail (optional): roofingra@gmail.com
Address Line 1: 1111 SW 21st Ave Address Line 2: B18
City: Ft Lauderdale State: FL Zip Code: 33312 Phone: 954-638-4580
Contractor License Number: CCC 1328459 ☐ Exempt from Asbestos Licensure under 469.002(2), (3) or (4), F.S.

9. Scheduled Dates. Asbestos Removal (If RACM will be removed): Start: 8/3/26 Finish: 8/7/26
Demolition or Renovation: Start: 8/3/26 Finish: 8/7/26

10. Project Descriptions.
Describe affected facility components Re-Roofing Tile
Describe the demolition or renovation work to be performed: Remove existing tile roofing system and install new concrete tile roofing system.

Demolition or renovation methods and techniques to be used:
■ Strip and Removal ☐ Bulldozer ☐ Wrecking Ball ☐ Implode ☐ Burn Down ☐ other (specify)_____
Work practices and engineering controls to be used (Note: Dry Method requires DEP approval prior to asbestos removal)
■ Wet Method ☐ Dry Method ☐ Glove Bag ☐ other (specify)_____

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11.RACM or ACM Descriptions.

Describe the procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM. Assume positive for asbestos

Enter the applicable amount(s)	RACM to be removed	Nonfriable CAT I ACM to be Removed	Nonfriable CAT II ACM to be Removed
Linear feet of pipe wrap:			
Square feet of surfacing material*:			
Square feet of cementitious material:	9933		
Square feet resilient floor covering:			
Square feet asphalt roofing:			
Square feet of other materials*:	9933		
Cubic feet off facility components*:			

*Identify and describe surfacing material and other materials, as applicable. Roofing Modified Paper

Describe procedure to be followed if unexpected RACM is found or Category II nonfriable ACM becomes crumbled, pulverized, or reduced to powder. Stop work, Notify DERM at 305-372-6925

12. Waste Transporter.

Name: Roofing and Construction Corp
Address: 1111 SW 21st Ave
City: Ft Lauderdale State: FL Zip Code: 33312
E-mail (optional): roofingra@gmail.com
Phone: 954-638-4580

13. Waste Disposal Site.

Name: Medley Landfill
Address: 9350 NW 89th Ave
City: Medley State: FL Zip Code: 33032

14. Notification Fee and Payment.

Is this project located at a county owned or operated facility? ☐ Yes ■ No

Fee Type (Check One):

☐ Project is not in Broward, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas, or Sarasota; or is a county-owned facility in any county:
- ☐ No fee: School, courtesy, or previously paid,
- ☐ $200 fee enclosed, or
- ☐ $200 Invoice.
- ☐ $100 ONLY if fee is paid at the time of notification submittal through the ESSA Business Portal.

■ Project is in Broward, Hillsborough, Miami-Dade, Orange, Palm Beach, Pinellas, or Sarasota; and is not a county-owned facility. You will be invoiced by the local program office according to their local fee schedule.

Invoice to be sent to:
- ☐ the Facility Owner listed on this form;
- ☒ the Contractor listed on this form; or
- ☐ the following 3rd Party:

Name:
Address Line 1:
Address Line 2:
City: State: Zip Code:
E-mail (optional):
Phone:

15. Certification.

I certify that no RACM shall be stripped, removed, or otherwise handled or disturbed at a regulated facility unless at least one on-site representative, trained in the provisions of 40 CFR Part 61, Subpart M, is present, and evidence that the required training has been completed is posted and made available for inspection at the demolition or renovation site.

Ezequiel Romero
Print Name of Owner/Operator

Ezequiel Romero Digitally signed by Ezequiel Romero Date: 2026.07.22 06:58:01 -04'00'
Signature of Owner/Operator

7/22/2026
Date

DEP USE ONLY	Postmark/Date Received	ID#