



Commercial Structure Checklist
 (to be submitted prior to demolition)
 Attach to the Demolition Waste Application
 and Release Authorization

FOR OFFICE USE ONLY:
 Date Received: _____
 Demo App. Received: Y or N

Site Information			
Facility Name			
Address (include city, state, & zip)			
Type of Business Operations			
Commercial Structure Checklist			
Fluorescent Light Fixtures	Yes	No	Quantity
A. Fluorescent Bulbs			
B. PCB Containing Ballasts (unmarked ballasts are handled as PCB Containing)			
C. Wall Mounted Mercury Thermostats			
Other			
D. H.I.D. Lamps (Interior and Exterior)	Yes	No	Quantity
Mercury Vapor			
White/Yellow H.I.D.			
High Pressure Sodium Vapor			
E. Other Mercury Sources	Yes	No	Quantity
Mercury Switches			
Mercury Pressure Gauges			
Mercury Flow Meters			
Tube Thermometers			
Other			
Summary and Recycling/Disposal Information			
Fixture Type	Yes	No	Total Quantity
A. Fluorescent Bulbs, Contract in Place for Recycling			
If Yes Name of Licensed Contractor:			
If No, describe disposal of bulbs:			
B. PCB Containing Ballasts, Contract in Place for Recycling			
If Yes Name of Licensed Contractor:			
If No, describe disposal of ballasts:			
C. Wall Mounted Mercury Thermostats, Contract in Place for Recycling			
If Yes Name of Licensed Contractor:			
If No, describe disposal of thermostats:			
D. H.I.D. Lamps, Contract in Place for Recycling			
If Yes Name of Licensed Contractor:			
If No, describe disposal of lamps:			
E. Other Mercury Sources, Contract in Place for Recycling			
If Yes Name of Licensed Contractor:			
If No, describe disposal of switches, thermometers, gauges, etc.:			
Applicant Signature			
_____		_____	
Signature of Contractor		Date	
_____		_____	
Printed Name		Phone Number	