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|  | | | |  | | | |  | | | | | Pieczątka gminy oraz data i podpis  upoważnionej osoby przyjmującej zgłoszenie | | | | | | | | | | | | | | | | | | | | |
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| **Zgłoszenie odpadów zawierających azbest, które powstaną w wyniku realizacji przedsięwzięcia, celem ich odbioru i utylizacji\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Instrukcja wypełnienia dokumentu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dokument złóż do urzędu gminy na obszarze której, w wyniku realizacji przedsięwzięcia związanego z wymianą pokrycia dachu na budynku /budynkach\*\*, powstaną odpady zawierające azbest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | WYPEŁNIJ WIELKIMI LITERAMI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Wypełniaj kolorem **czarnym** lub **niebieskim**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Dane osoby zgłaszającej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **2.1. Dane identyfikacyjne** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Imię i nazwisko |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **2.2. Adres miejsca zamieszkania** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pesel |  | |  | | |  | | |  | |  | | |  | |  | |  | |  | |  | | |  |  |  |  |  |  |  |  |  |
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|  | **2.3.** **Lokalizacja budynku/ budynków\*\* z pokryciem dachu zawierającym azbest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu |  | | | | | | | | | | | | | Nr lokalu | | | |  | | | | Kod pocztowy | | | | | |  |  | - |  |  |  |
|  |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Nazwa obrębu |  | | | | | | | | | | | | | Nr obrębu | | | |  | | | | Nr identyfikacyjny działki | | | | | | | |  |  |  |  |
|  | **2.4. Dane kontaktowe** *(dane kontaktowe nie są obowiązkowe, ale ułatwią kontakt w sprawie zgłoszenia)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer telefonu |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Adres poczty elektronicznej |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. Treść zgłoszenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **3.1. Rodzaj budynku/ budynków\*\*, na dachu którego/ których, znajdują się wyroby zawierające azbest wraz z podaniem wielkości powierzchni tego dachu**  Przykład: obora – powierzchnia dachu na którym znajduje się eternit wynosi: 250 m2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **3.2 Planowany termin wymiany pokrycia dachu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4. Uwagi** (nieobowiązkowe do wypełnienia) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Data i podpis osoby zgłaszającej** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

\* – Zgłoszenie dotyczy przedsięwzięć realizowanych w ramach składanego do Agencji Restrukturyzacji i Modernizacji Rolnictwa wniosku o objęcie przedsięwzięcia wsparciem związanego z częścią inwestycji A1.4.1.: Wymiana pokryć dachowych z materiałów szkodliwych dla zdrowia lub środowiska w gospodarstwach rolnych Krajowego Planu Odbudowy i Zwiększania Odporności.

\*\* - Należy wskazać wszystkie budynki, na których planuje się wymianę pokrycia dachu wykonanego z wyrobów zawierających azbest. Jeżeli budynki są zlokalizowane na różnych działkach, wówczas należy wypełnić odrębne zgłoszenia.