



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

NOT AN ASBESTOS PROJECT

ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDEP requires one copy of the form with original signature and seal.

2. Facility Address 261 3rd Avenue Borough Manhattan Zip 10010
AKA 200 East 21 Street 3. Block 901 4. Lot 58
5. Building Owner Defonte's of New York, Joe Parisi Tel. # (732) 275-5767
6. Address 261 3rd Avenue, New York State NY Zip 10010
7. Contact Person Steve Wygoda 8. Tel. # (631) 424-8480
9. Description of the Entire Scope of Work
ARRANGEMENT NEW EATING AND DRINKING ESTABLISHMENT AT THE FIRST FLOOR AND PARTIAL CELLAR FLOOR, INCLUDING INSTALLATION AIR CONDITIONING UNIT AND PLUMBING WORK

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.11. I, David Silberman, have conducted an asbestos investigation on 6/2/08 in accordance with
Name of Certified Asbestos Investigator Date

Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
☒ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM
☐ e. normally non-friable ACM shall be disturbed/removed. Specify amount: _____ square feet
☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: _____ square feet _____ linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICR56.*

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES NO	ASSUMED ACM
Cellar	Entire application floor area	No asbestos suspect material	0	☒	
1st floor	Entire floor area	No asbestos suspect material	0	☒	
Ext. wall	Entire front exterior wall - masonry	No asbestos suspect material	0	☒	

13. Analytical Laboratory N/A14. ELAP # N/A 15. Date(s) Samples Analyzed _____

16. I hereby declare the information provided herein is true and complete.

NYC DEP Certified Asbestos Investigator's Signature 105211 6/2/08 (718) 886-3840
Certificate Number Date Daytime Telephone Number

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDEP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

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OF THE
NYC DEP
CERTIFIED
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