



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

NOT AN ASBESTOS PROJECT

FOR OFFICIAL USE ONLY

1. _____
NYC Buildings Dept. Application #

ACP 5 Fee \$ _____

ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

www.nyc.gov/dep

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 300 East 62nd Street Borough Manhattan Zip 10065
AKA _____ 3. Block 1436 4. Lot 7501
5. Building Owner Lawrence Properties Tel. # (212) 868-8320
6. Address 150 West 30th Street, NYC State NY Zip 10001
7. Contact Person Barbara Schmidt 8. Tel. # (212) 868-8320
9. Description of the Entire Scope of Work
Renovation of apartment PH-1 and provide roof deck, planters, pergola and irrigation system.

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.

11. I, Michael LaCommare, have conducted an asbestos investigation on 8/20/09 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
31st	PH-1 - Partial	None	0		
Roof	Partial	None	0		
	Building was constructed in 1986				
	No roof penetrations				

13. Analytical Laboratory N/A

14. ELAP # _____ 15. Date(s) Samples Analyzed _____

NYS DOH CERTIFICATION

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

Michael LaCommare
NYC DEP Certified Asbestos Investigator's Signature

110766
Certificate Number

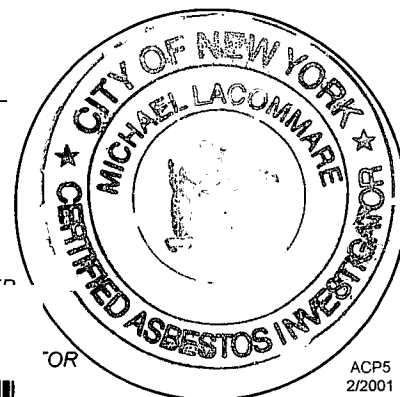
8/21/09
Date

(914) 684-5999
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-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

SEAL
OF THE
NYC DEP



ACP5
2/2001