



**Office of Environmental
Remediation**

PROJECT SUBMITTAL COVER SHEET

E-DESIGNATION AND *RESTRICTIVE DECLARATION PROGRAM

*for recorded Restrictive Declarations only – post CEQR

PROJECT TRACKING NUMBERS

- 1a. OER PROJECT NUMBER (10 CHARACTER TRACKING NUMBER) 1b. DEP NUMBER (FOR PROJECTS PREVIOUSLY REVIEWED BY NYCDEP)
- 1c. DEPARTMENT OF BUILDINGS JOB NUMBER(S) 1d. OTHER REFERENCE NUMBER(S) IF APPLICABLE (I.E. NYSDEC SPILL, BCP, ETC.)

PROJECT LOCATION

INDICATE LOCATION OF SITE.
PROVIDE ALL ASSOCIATED
TAX BLOCK AND LOT
NUMBERS

- 2a. PROJ.'X'
PROJECT NAME (IF APPLICABLE)
- 2b. 339 WEST 38 STREET
STREET ADDRESS(S)
NYC, NY 10018
CITY STATE ZIP
BLOCK 762 LOT 13, MANHATTAN C.B. 104
TAX BLOCK AND LOT NUMBER(S) BOROUGH COMMUNITY DISTRICT
- 2c.

REVIEW TYPE

INDICATE THE REVIEW
REQUIRED FOR THE
SUBMITTED DOCUMENTS

3. TYPE OF ENVIRONMENTAL REVIEW (CHECK ALL THAT APPLY)
- ☒ E-DESIGNATION
☐ HAZARDOUS MATERIALS
☒ AIR QUALITY
☒ WINDOW/WALL NOISE ATTENUATION
- E-DESIGNATION NUMBER (EX: E-175) _____
- ☐ RESTRICTIVE DECLARATION _____
- CITY REGISTER FILE NUMBER (CRFN): _____
- RECORDING DATE: _____

DOCUMENTS SUBMITTED

4. ☒ CERTIFIED ARCHITECTURAL/ENGINEER PLANS ☐ REMEDIAL ACTION PLAN (RAP)
- ☐ CERTIFIED PROJECT DESCRIPTION ☐ CONSTRUCTION HEALTH AND SAFETY PLAN (CHASP)
- ☐ PHASE I ENVIRONMENTAL SITE ASSESSMENT (PHI) ☐ CERTIFIED REMEDIAL CLOSURE REPORT
- ☐ PHASE II SUBSURFACE INVESTIGATION WORK PLAN (PHII) ☐ CERTIFIED AIR QUALITY SPECIFICATIONS
- ☐ PHASE II HEALTH AND SAFETY PLAN (HASP) ☐ CERTIFIED WINDOW SPECIFICATIONS/ALTERNATE VENTILATION MEANS
- ☐ PHASE II SUBSURFACE INVESTIGATION REPORT (PH II REPORT) ☐ CERTIFIED INSTALLATION REPORT
- ☐ OTHER _____

PROJECT DESCRIPTION

AS PER ARCHITECT /
ENGINEER OF RECORD

5. PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT AS PER THE ARCHITECT / ENGINEER OF RECORD. THE DESCRIPTION SHOULD INCLUDE, AT A MINIMUM, THE TYPE OF ALTERNATION OR NEW DEVELOPMENT/EXPANSION BEING PERFORMED, EXTENT OF GROUND/SOIL DISTURBANCE, PROPOSED GRADE-LEVEL OPEN SPACE AREAS NOT CAPPED WITH CONCRETE OR ASPHALT, ETC.

Existing Non Storage Garage and Shipping Office being converted to a Eating and Drinking Establishment-

Installation of fixtures, reconfiguring of mechanical ducting.

Reconfiguring and installation of plumbing fixtures for Bar and toilets.

New Finish Floor on top of existing Slab.

NO VERTICAL OR HORIZONTAL EXTENSION- ALL INTERIOR WORK

CONTACT INFORMATION

PROVIDE ALL APPLICABLE CONTACT INFORMATION

6a. PRIMARY APPLICANT INFORMATION

Architect

COMPANY TYPE (CONSULTANT, ARCHITECT, ENGINEER, ETC.)

Asif Jamil, RA

COMPANY NAME

Asif Jamil, RA

CONTACT PERSON

18 John Street, #808

ADDRESS

NYC, NY 10038

CITY

STATE

ZIP

(917) 309-6643

(212) 233-5682

TELEPHONE

FAX

asifjamilra@gmail.com

EMAIL ADDRESS

6b. OTHER CONTACT INFORMATION

Engineer

COMPANY TYPE (CONSULTANT, ARCHITECT, ENGINEER, ETC.)

Harold Rosen Associates

COMPANY NAME

Peter Rosen, PE

CONTACT PERSON

151 West 26 Street

ADDRESS

NYC, NY 10001

CITY

STATE

ZIP

(212) 995-5600

TELEPHONE

FAX

prosen@hraengineering.com

EMAIL ADDRESS

PROFESSIONAL CERTIFICATIONFOR PROJECT ELEMENTS
REQUIRING CERTIFICATION
BY A NEW YORK STATE
LICENSED PROFESSIONAL
ENGINEER (PE) OR
REGISTERED ARCHITECT
(RA)

- 7a. I HEREBY CERTIFY THAT THE FOLLOWING STAMP AND SIGNATURE REPRESENT THE ORIGINAL STAMP AND SIGNATURE IMAGES INCLUDED IN THE DIGITAL MATERIALS SUBMITTED FOR THE AFOREMENTIONED PROJECT SITE.

Asif Jamil

PREPARER NAME

Applicant/ architect

PREPARER TITLE

PREPARER SIGNATURE

DATE

STAMP HERE:

- 7a. I HEREBY CERTIFY THAT THE FOLLOWING STAMP AND SIGNATURE REPRESENT THE ORIGINAL STAMP AND SIGNATURE IMAGES INCLUDED IN THE DIGITAL MATERIALS SUBMITTED FOR THE AFOREMENTIONED PROJECT SITE.

PREPARER NAME

STAMP HERE:

PREPARER TITLE

PREPARER SIGNATURE

DATE

SUBMISSIONS

WHERE TO SEND

SEND DIGITAL PROJECT SUBMITTALS ALONG WITH COVER SHEET TO:

*Mayor's Office of Environmental Remediation
E-Designation Program
c/o Dan Cole, Bureau Chief
100 Gold Street, 2nd Floor
New York, NY 10038*

THIS COMPLETED COVER SHEET SHOULD BE SUBMITTED VIA HARD COPY AS WELL AS DIGITALLY. OER RESERVES 30 DAYS FOR REVIEW OF ALL SUBMISSIONS.

FOR QUESTIONS REGARDING THE E-DESIGNATION PROGRAM OR A PROJECT SUBMISSION, EMAIL US AT EDESIGNATION@DEP.NYC.GOV OR CALL US AT 212-788-8841.