



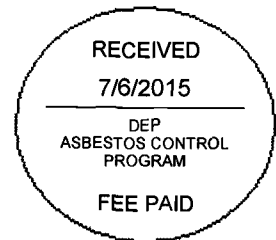
NYC DEP.

59-17



TION

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1. NYC DOB Job # (if applicable) _____ **Control Number: 1192551**
2. Premise No. 215 Street Name West 94th Street Borough Manhattan Zip 10025
3. AKA _____ Type of Facility Commercial BIN 1082894 Block 01242 Lot 0024
4. Building Owner Beverley Hotel Associates Address 215 West 94th Street
5. City New York State NY Zip 10025 Contact Person Riyaz Akhtar
6. Tel. # (212) 474-9825 Fax # _____ Email RAKHITAR@HH-R.COM
7. Description of the Entire Scope of Work
Illuminated non advertising double face projecting accessory sign.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

07/03/2015 _____ in accordance
Date(s)

with Sections 1-16 and 1-28 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☒ a. portion(s) of the premises affected by the work is free of asbestos containing material (ACM).
- ☐ b. premise (or portions thereof) affected by the work contains 10 square feet or less or 25 linear feet or less of ACM.
Specify locations in section 9: Note This material must be abated as a minor project in accordance with relevant provisions of the DEP Asbestos Rules
- ☐ c. asbestos is present and will not be disturbed during construction activity. Specify the quantity and area where asbestos is present. Specify amount: _____ sq. ft. _____ linear ft.
Specify locations (attach additional documents as necessary): _____

- ☐ d. entire building is free of asbestos containing material (ACM).

9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
Osp	Partial (Strictly work area)	Concrete/*Note: There is no material suspected to contain asbestos.	0	No	No

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
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11. NYS DOL Asbestos Handling license # 58697 Company Name A & A Building Consultants, Inc.

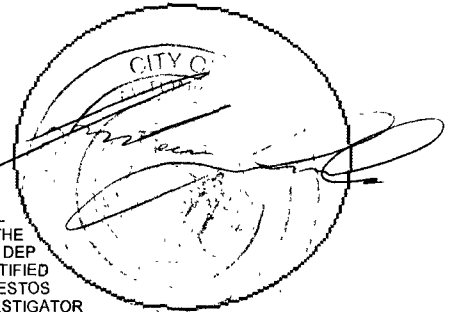
I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 7/6/2015 120023 10/28/2016
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 326-2924 Fax # (718) 521-4530 Email asbestosreport@yahoo.com

The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.

SEAL OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



Any suspected ~~in~~ ACM to be to
during construction, owner or contractor
shall ~~not~~ ~~investigate~~ ~~as soon as possible~~
to re-examine ~~the~~ ~~job site~~.

