



**NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
Asbestos Control Program  
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373  
**ASBESTOS ASSESSMENT REPORT**



1. NYC DOB Job # (if applicable) \_\_\_\_\_ **Control Number: 1795669**

2. Premise No. 545 Street Name Madison Avenue Borough Manhattan Zip 10022

3. AKA \_\_\_\_\_ Type of Facility Commercial BIN 1035758 Block 01290 Lot 0052

4. Building Owner Joseph E. Marx Co., Inc Address 155 East 44th Street

5. City New York State NY Zip 10017 Contact Person Josiah Brock

6. Tel. # (646) 219-9981 Fax # \_\_\_\_\_ Email \_\_\_\_\_

7. Work Type PL Plumbing, MH Mech/ HVAC, SP Sprinkler, FA Fire Alarm, General Construction

**Description of the Entire Scope of Work**

REMOVAL AND INSTALLATION OF PARTITIONS, CEILING, DOORS, STOREFRONT MODIFICATIONS TO INCLUDE RAMP MODIFICATIONS, Mechanical, Plumbing, Sprinkler, STRUCTURAL MODIFICATIONS AND MODIFICATION AND CONNECTION TO THE BASE BUILDING FIRE ALARM SYSTEM. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

8. I, JIN LEE, have conducted an asbestos investigation on \_\_\_\_\_ in accordance  
Name of Certified Asbestos Investigator  
11/18/2020 12:00PM-12:30PM 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. the premises or the portion(s) of the premises, included in the scope of renovations was/were determined that there was no asbestos-containing materials (ACM) present
- ☐ 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.
- ☐ d. entire building is free of asbestos containing material (ACM).

**9. RESULTS OF ASBESTOS BUILDING SURVEY:**

| Floor  | Section of Floor(s) Surveyed | Material Assumed to Contain ACM and/or Sampled | Number of Samples Analyzed | Asbestos Present | Assumed ACM | Square Feet | Linear Feet | Abated | Scope of Work Applied |
|--------|------------------------------|------------------------------------------------|----------------------------|------------------|-------------|-------------|-------------|--------|-----------------------|
| Cellar | CEL. SW. WALL SHOWROOM       | GWB                                            | 2                          | No               | No          |             |             |        |                       |

**I hereby declare the information provided herein is true and complete**

JIN LEE 12/8/2020 120501 1/31/2021  
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 866-6402 Fax # (718) 888-9195

Email nycbcs@gmail.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.



Is it a Build-It-Back project? ☐ Yes, App ID # \_\_\_\_\_ ☒ No





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Asbestos Control Program  
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

## ASBESTOS ASSESSMENT REPORT

RECEIVED

12/8/2020

DEP  
ASBESTOS CONTROL  
PROGRAM

FEE PAID

|                            |                              |      |   |    |    |  |  |  |  |
|----------------------------|------------------------------|------|---|----|----|--|--|--|--|
| Cellar                     | CEL. ELEVATOR LOBBY WALL     | GWB  | 2 | No | No |  |  |  |  |
| Cellar                     | CEL. DISPLAY AREA WALL       | GWB  | 2 | No | No |  |  |  |  |
| Cellar                     | CEL. DRESS RM. WALL          | GWB  | 2 | No | No |  |  |  |  |
| Cellar                     | CEL. STORAGE/MECH            | GWB  | 2 | No | No |  |  |  |  |
| Building Floors-001 to 001 | 1ST FL. RETAIL B. EAST WALL  | GWB  | 2 | No | No |  |  |  |  |
| Building Floors-001 to 001 | 1ST FL. RETAIL B. FLOOR      | TILE | 1 | No | No |  |  |  |  |
| Building Floors-001 to 001 | 1ST FL. RETAIL B. NORTH WALL | GWB  | 2 | No | No |  |  |  |  |

## 10. ANALYTICAL LABORATORY:

| NAME            | ELAP # (NYS DOH CERTIFICATION) | DATE(S) SAMPLES ANALYZED |
|-----------------|--------------------------------|--------------------------|
| KAM CONSULTANTS | 11273                          | 11/19/2020               |

11. NYS DOL Asbestos Handling license # 60236 Company Name NYC Building Consulting Service Inc.

## 12. Comment

THIS IS TO AMEND PREVIOUS FILED ACP-5 #1794293

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