



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368

**NOT AN ASBESTOS PRO.**



DEPT BLDGS 310302972 Job Number

SC080920004 Scan Code

ONLY  
TYPEWRITTEN  
FORMS WILL  
BE ACCEPTED

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

2. Facility Address \_\_\_\_\_ Borough \_\_\_\_\_ Zip \_\_\_\_\_  
AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_  
5. Building Owner \_\_\_\_\_ Tel. # \_\_\_\_\_  
6. Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
7. Contact Person \_\_\_\_\_ 8. Tel. # \_\_\_\_\_  
9. Description of the Entire Scope of Work \_\_\_\_\_  
\_\_\_\_\_

10. Est. Start Date \_\_\_\_\_ ☐ As soon as permit approved Est. Completion Date \_\_\_\_\_ of the Entire Scope of Work.

11. I, \_\_\_\_\_, have conducted an asbestos investigation on \_\_\_\_\_ 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<br>(including<br>cellar and<br>basement) | DESCRIBE SECTION<br>OF FLOOR<br>(e.g. entire, east wing, room #, boiler room, lobby, etc.) | ALL MATERIALS<br>ASSUMED TO CONTAIN ACM<br>AND/OR SAMPLED | NUMBER OF<br>SAMPLES<br>ANALYZED | ASBESTOS<br>PRESENT |    | ASSUMED<br>ACM |
|------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|---------------------|----|----------------|
|                                                |                                                                                            |                                                           |                                  | YES                 | NO |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |
|                                                |                                                                                            |                                                           |                                  |                     |    |                |

13. Analytical Laboratory \_\_\_\_\_

14. ELAP # \_\_\_\_\_ 15. Date(s) Samples Analyzed \_\_\_\_\_  
NYS DOH CERTIFICATION

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

NYC DEP Certified Asbestos Investigator's Signature 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.

SEAL  
OF THE  
NYC DEP  
CERTIFIED  
ASBESTOS  
INVESTIGATOR

ACPS  
2/2001