



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11354

NOT AN ASBESTOS PROJECT

ONLY
 TYPEWRITTEN
 FORMS WILL
 BE ACCEPTED



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 157 ATLANTIC AVENUE Borough Brooklyn Zip 11201
 AKA DISPLAY ADDRESS: 161 ATLANTIC AVE 3. Block 275 4. Lot 5
 5. Building Owner 200 CLINTON ASSOCIATES Tel. # 718-254-0580
 6. Address 161 ATLANTIC AVENUE, BROOKLYN State NY Zip 11201
 7. Contact Person JOHN DIMILIA 8. Tel. # 718-254-0580
 9. Description of the Entire Scope of Work
REPLACE ROOFTOP HVAC UNIT

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

11. I, KARL SKUGGEVIG, have conducted an asbestos investigation on 1/22/2009 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
ROOF	@HVAC UNIT	NONE AFFECTED	0		X
	NOTE: THIS IS NOT A PERMIT	TO REMOVE ASBESTOS.			

13. Analytical Laboratory N/A

14. ELAP # N/A 15. Date(s) Samples Analyzed N/A

NYS DOH CERTIFICATION

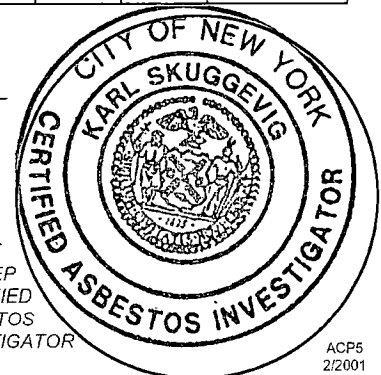
16. I hereby declare the information provided herein is true and complete.

Karl Skuggevig 106667 4/13/2009 631-753-0333
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