



ST-1: Street Tree Checklist

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s)	993	Street Name	LORIMER ST	BIS Job No.
Borough	BROOKLYN	Block	2618	Lot 26
		BIN		C.B. No.

2 Applicant Information *Required for all applications. Business fax, mobile telephone, and e-mail are optional.*

Last Name	HASSEBROEK	First Name	DOUGLAS	Middle Initial	
Business Name	DOUGLAS HASSEBROEK,AIA			Business Telephone	212-581-9003
Business Address	993 LORIMER ST			Business Fax	
City	BROOKLYN	State	NY	Zip	11222
				Mobile Telephone	
E-Mail				License Number	29896
				Type	RA

3 Certifications *Required for all applications. If proposed work is exempt from tree requirements, proceed to section 4*

- ☒ I hereby certify this application complies with all street tree requirements specified in the NYC Zoning Resolution, as well as NYC Department of Transportation, NYC Department of Parks and Recreation ("Parks") and all other applicable rules and regulations unless appropriate waivers are obtained. Below is summary information pertaining to these requirements and in addition I have included a complete zoning calculation supporting this summary within the drawing set submitted as part of this application.

Total Required Trees

Street frontage is ▶	20	Lin.ft.
Minus allowable deduction (use group 16B, 16C and 16D only) ▶	0	Lin.ft.
Total applicable street frontage ▶	0	Lin.ft.
Total above divided by 25 feet = Total Required Trees ▶	1	

(Fractions equal to or greater than one-half resulting from this calculation shall be considered to be one tree (ZR § 26-41))

Total Proposed Trees

Number of existing trees to be removed (requires Parks Tree Removal permit prior to job approval) ▶	0
Number of existing street trees to be preserved at the location (on-site) ▶	1
Number of new street trees to be planted at the location (on-site) ▶	0
Number of new trees to be planted at an alternate location (off-site) ▶	0
Number of proposed trees where payment will be made to Parks for planting ▶	0
Number of off-site trees planted and/or trees satisfied with fund payments under previous application(s) ▶	
Job # _____ (Parks documentation attached)	
Equals total number of proposed trees (must equal Total Required Trees above) ▶	1

4 Exemptions

I hereby certify this application is **exempt** from **all** street tree requirements specified in NYC Zoning Resolution because (choose one):

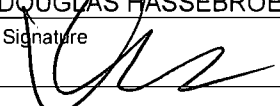
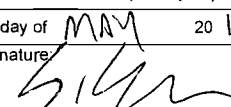
- ☐ The building's proposed dominant use group is 17 or 18 and is exempt from street tree requirements as per NYC Zoning Resolution. I understand that any future changes to the dominant use group of the buildings must be submitted to the Department and may require full street tree compliance.
- ☐ This is an Enlargement of a single or two family residence that is not located in one of the special districts specified in ZR § 23-03 and not an enlargement of 20% or more pursuant to the Quality Housing Program.
- ☐ Proposed work is EXEMPT because (select all that apply)
- ☐ This is not an Enlargement exceeding 20% of floor area (ZR §23-03, 24-05, 33-03)
 - ☐ This is not a Change of Use exceeding 20% of floor area (ZR §23-03, 24-05, 33-03)
 - ☐ This is not a detached garage that is 400 square feet or greater (ZR §23-03, 24-05, 33-03)

5 Statements and Signatures: Applicant of Record and Owner *Required for all applications.*

Applicant of Record and Owner: Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Applicant of Record: I understand that I must inform the Department of any changes to the information contained in this document and submit a revised form reflecting those changes. I understand the information provided on the Builders Pavement Plan application submitted in conjunction with this application must be consistent with the information provided on this form.

Owner: I hereby certify I am the owner of the above mentioned premises. I understand that failure to comply with street tree regulations may prevent the issuance of permits, sign-offs or Certificates of Occupancy. I understand this form must be re-filed if a new applicant of record is named.

Owner Name (please print) DOUGLAS HASSEBROEK	Notarization of Owner's Signature State of New York, County of: KINGS	Applicant of Record Name (please print) DOUGLAS HASSEBROEK
Signature 	Sworn to or affirmed under penalty of perjury 2 day of MAY 20 11	Signature 
Date 04-25-11	Notary Signature 	Date
Notary Seal for Owner's Signature Required		P.E. / R.A. of Record Seal Required

SHIRLEY J. HARRIS
Commissioner of the City of New York
Certified to be a true and correct copy
Filed for Record
Date 04-25-11



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) _____

2. Premise No. 993 Street Name Lorimer Street Borough Brooklyn Zip 11222

3. AKA _____ Type of Facility Residence BIN 3065545 Block 02618 Lot 0026

4. Building Owner Douglas Hassebrack Address 993 Lorimer Street

5. City Brooklyn State NY Zip 11222 Contact Person Douglas Hassebrack

6. Tel. # (212) 501-9003 Fax # (212) 792-4671 Email dhassebroek@brb.com

7. Description of the Entire Scope of Work

Renovation of existing 2 family residence and construction of 3 story extension at the rear. Work is to include partition, HVAC, plumbing, and electrical system modifications as required per new layout.

8. I, RICHARD MASSARI, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

04/25/2011

Date

in accordance

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: 1000 sq. ft _____ linear ft.
Specify locations (attach additional documents as necessary):
Assumed ACM roofing materials. Less than 10sf will be disturbed.
- ☐ 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
C,1,2,3	Entire	Plaster/Drywall/Joint Compound/Ceiling Tile	11	No	No
3rd	Kitchen	Floor Tiles	2	No	No
Roof	Entire	Roofing	0	Yes	Yes

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
EMSL Analytical, Inc.	11506	4/26/2011

I hereby declare the information provided herein is true and complete

RICHARD MASSARI 4/27/2011 120281 11/27/2012
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (212) 475-4122 Fax # (212) 477-8941 Email habader@nyc.rr.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



2242672

***** NEW YORK CITY *****
*** DEPARTMENT OF BUILDINGS ***

R E C E I P T

INVOICE #: 30853683 DATE: MAY 2 2011 TIME: 10:14 A.M.

TOTAL PAYMENT RECEIVED: 47.00

PAYMENT: 47.00 CHECK #: 313
PAYMENT: 0.00

FOR: PAYMENT - ASBESTOS

JOB #: 320302285 01
993 LORIMER STREET

RECEIVED FROM: BROOKLYN BOROUGH OFFICE

STATION: 08
00051 ASBREP 00250 AB