



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: 3263752**

2. Premise No. 1414 Street Name Brooklyn Avenue Borough Brooklyn Zip 11210

3. AKA _____ Type of Facility Residence BIN 3327341 Block 04981 Lot 0050
Renaissance Equity Holdings

4. Building Owner LLC Address 4611 12 Avenue, Suite 1L

5. City Brooklyn State NY Zip 11219 Contact Person Jacob Schwimmer

6. Tel. # (718) 438-2804 Fax # (718) 435-3848 Email jschwimmer@clipperequity.com

7. Description of the Entire Scope of Work

Hereby filing to propose a new laundry room located in the cellar as per plans submitted. No changes in use, egress or occupancy. This application do not require a new or amended certificate of occupancy as there is no change in use, exists or occupancy.

8. I, ANTONIO JARAMILLO, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

09/16/2016 9:30AM-10:15AM

Date(s)

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: _____ sq. ft _____ linear ft.
 Specify locations (attach additional documents as necessary): _____

Any suspected friable ACM to be found during construction, owner or contractor shall notify investigator as soon as possible to re-examine the whole job site.

☐ 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
Cellar	Laundry room, wall behind washer	Concrete	1	No	No
Cellar	Laundry room, wall behind dryer	Concrete	1	No	No
Cellar	Laundry room, ceiling	Concrete	2	No	No
Cellar	Laundry room, pipe insulation	Fiber glass	1	No	No

I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO
 DEP Certified Asbestos Investigator's Signature

9/21/2016
 Date

120023
 Certificate Number

10/28/2018
 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.



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



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10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
Atlas Environmental Lab, Corp.	11999	9/19/2016

11. NYS DOL Asbestos Handling license # 58697 Company Name A & A Building Consultants, Inc.

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I hereby declare the information provided herein is true and complete

ANTONIO JARAMILLO 9/21/2016 120023 10/28/2018
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (718) 326-2924 Fax # (718) 521-4530

Email asbestosreport@yahoo.com

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SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATOR



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



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