



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: 3751480**
2. Premise No. 27 Street Name MACKAY PLACE Borough Brooklyn Zip 11209
3. AKA _____ Type of Facility _____ BIN 3146083 Block 05881 Lot 0036
4. Building Owner PHILIP CIMORELLI Address 27 MACKAY PLACE
5. City BROOKLYN State NY Zip 11209 Contact Person PHILIP CIMORELLI
6. Tel. # (917) 921-7867 Fax # _____ Email _____
7. Work Type General Construction

Description of the Entire Scope of Work

PROPOSE HORIZONTAL ENLARGEMENT AT FIRST FLOOR OF EXISTING ONE FAMILY DWELLING. NO CHANGE TO OCCUPANCY, USE, OR EGRESS. PLUMBING WORK TO BE FILED UNDER SEPARATE APPLICATION.

8. I, ANTONIO CINQUEPALMI, have conducted an asbestos investigation on
Name of Certified Asbestos Investigator

08/03/2020 3:30PM-4:15PM in accordance
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
Basement	REAR SIDE	NO SUSPECT ACM	0	No					
Outside Space	REAR AND SIDE YARD	CONCRETE FLOOR	3	No					

I hereby declare the information provided herein is true and complete

ANTONIO CINQUEPALMI 8/10/2020 119166 8/31/2020
DEP Certified Asbestos Investigator's Signature Date Certificate Number Expiration Date

Tel. # (917) 517-5156 Fax # _____

Email antonio080160@verizon.net

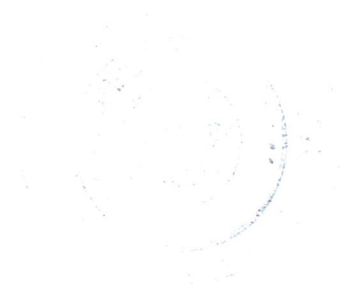
The investigator shall assume that some or all of the areas investigated contain ACM, and for each area that is not assumed to contain ACM, collect and submit for analysis bulk samples in accordance with §§ 1-36, 1-37, and 1-44 of the DEP Asbestos Rules and EPA publications 560/5-85-024 and 560/5-85-030a and 40 CFR 763.86.



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



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Building Floors-1	REAR SIDE	WATERPROOFING	3	No					
Building Floors-1	REAR SIDE	GYPSUM BOARD WALL	3	No					
Building Floors-1	REAR SIDE	FLOOR MUD SET	3	No					
Roof	1ST FLOOR ROOF AT REAR EXTENSION	ROOF SHINGLES	2	No					

10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
ALLAB	12118	8/4/2020

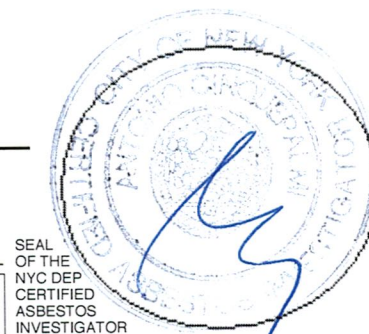
11. NYS DOL Asbestos Handling license # 58317 Company Name Arcobaleno, LLC12. Comment

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