

ONLY
TYPEWRITTEN
FORMS WILL
BE ACCEPTED



NYC DE



SECTION

FOR OFFICIAL USE ONLY

1. _____
NYC Buildings Dept. Application #
ACP 5 Fee \$ _____

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 39-55 51ST STREET Borough Queens Zip 11377
AKA N/A 3. Block 128 4. Lot 7
5. Building Owner TRIBOR MANAGEMENT INC. Tel. # (718) 476-8377
6. Address 39-35 51ST STREET State NY Zip 11377
7. Contact Person NOEL DEBATISTA 8. Tel. # (718) 476-8377
9. Description of the Entire Scope of Work
REMOVAL OF THE ROOF

10. Est. Start Date 7/13/07 ☐ As soon as permit approved Est. Completion Date 1/13/08 of the Entire Scope of Work.

11. I, TEREZA C. COUTINHO, have conducted an asbestos investigation on 6/27/07 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: 6,500 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		ASSUMED ACM
				YES	NO	
ROOF	ENTIRE	ROOFING MATERIAL	0			✓

13. Analytical Laboratory N/A

14. ELAP # N/A 15. Date(s) Samples Analyzed _____
NYS DOH CERTIFICATION

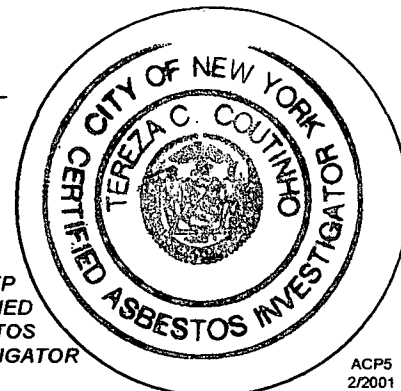
16. I hereby declare the information provided herein is true and complete.

Tereza Coutinho 105207 7/12/07 (718) 396-0899
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



ACP5
2/2001