



NYC DE



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FOR OFFICIAL USE ONLY

1. _____
NYC Buildings Dept. Application #

ACP 5 Fee \$ _____

ONL
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 31-38 83rd Street Borough Queens Zip 11370
 AKA _____ 3. Block 1394 4. Lot 25
 5. Building Owner MD HOSSAIN Tel. # (646) 943-9252
 6. Address 31-38 83RD ST.EAST ELMHURST NY 11370 State NY Zip 11370
 7. Contact Person MD HOSSAIN 8. Tel. # (646) 943-9252
 9. Description of the Entire Scope of Work
EXTERIOR RENOVATION

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

11. I, MARTIN AMBROSE, have conducted an asbestos investigation on 8/7/09 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: 0 square feet 0 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	
3	EXTERIOR	NONE			☒	

13. Analytical Laboratory N/A14. ELAP # N/A 15. Date(s) Samples Analyzed _____

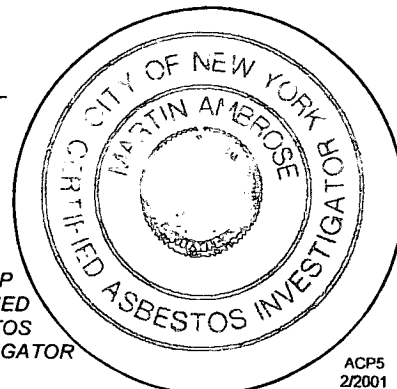
NYS DOH CERTIFICATION

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

Martin Ambrose 108369 8/8/09 (718) 342-7686
 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.

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