



NYC DEPARTMENT

Asb

59-17 Junction Boulevard, East Elmhurst, NY 11373

ASBESTOS ASSESSMENT REPORT

DEPT. BLDGS.

420562493

Job Number

SC110105040

Scan Code

RECEIVED
4/30/2012DEP
ASBESTOS CONTROL
PROGRAM

FEE PAID

1. NYC DOB Job # (if applicable) _____

Control Number: 4021753

2. Premise No. 144-38 Street Name 72nd ROAD Borough Queens Zip 113673. AKA _____ Type of Facility _____ BIN 4144070 Block 06661 Lot 00224. Building Owner ARSHADNIA LLC. Address 144-38 72nd ROAD5. City KEW GARDENS HILLS State NY Zip 11367 Contact Person ABNER ARSHADNIA6. Tel. # (917) 749-3050 Fax # _____ Email _____

7. Description of the Entire Scope of Work

EXTENSION & RENOVATION OF AN EXIST. (1) FAMILY HOUSE & CONVERT IT TO (2) FAMILY.8. I, MAKIS VASS, have conducted an asbestos investigation on

Name of Certified Asbestos Investigator

04/26/2012

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. 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): _____

☐ d. entire building is free of asbestos containing material (ACM).

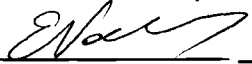
9. RESULTS OF ASBESTOS BUILDING SURVEY:

FLOOR	DESCRIBE SECTION OF FLOOR	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	ASSUMED ACM
BASEM.	ENTIRE AREA	ACOUSTICAL TILES (BOILER RM)	1	No	No
1st-2nd FL.	ENTIRE AREA	WALL PLASTER	3	No	No

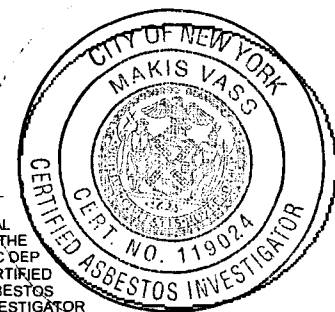
10. ANALYTICAL LABORATORY:

NAME	ELAP # (NYS DOH CERTIFICATION)	DATE(S) SAMPLES ANALYZED
AMERI-SCI	11480	4/28/2012

I hereby declare the information provided herein is true and complete

MAKIS VASS 
DEP Certified Asbestos Investigator's Signature4/30/2012
Date119024
Certificate Number7/21/2012
Expiration DateTel. # (718) 728-2217 Fax # (718) 728-0990 Email makisvass@aol.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



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



11. NYS DOL Asbestos Handling license # 63001 Company Name Makis A. Vass

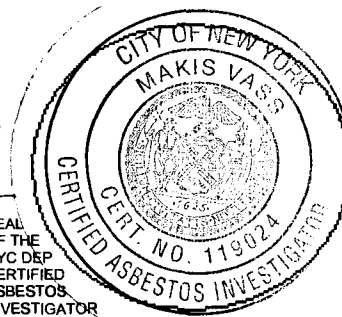
I hereby declare the information provided herein is true and complete

<u>MAKIS VASS</u>	<u>4/30/2012</u>	<u>119024</u>	<u>7/21/2012</u>
<i>[Signature]</i>			
DEP Certified Asbestos Investigator's Signature	Date	Certificate Number	Expiration Date

Tel. # (718) 728-2217 Fax # (718) 728-0990 Email makisvass@aol.com

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2523113



Department of Buildings
280 Broadway
New York, New York 10007
(212) 566-5000 | TTY (212) 566-4769
nyc.gov/buildings

MANHATTAN (1)
280 BROADWAY 3RD FLOOR
New York, NY 10007

BRONX (2)
1932 ARTHUR AVENUE
BRONX, NY 10457

BROOKLYN (3)
210 JORALEMON STREET
BROOKLYN, NY 11201

(x)
QUEENS (4)
120-55 QUEENS BLVD.
KEW GARDENS, NY 11424

STATEN ISLAND (5)
BORO HALL - ST. GEORGE
STATEN ISLAND, NY 10301

Notice of Objections

Applicant: Sandra L. Hacohen 144-32 Gravett Rd Flushing, NY 11367-1339	Date: May 3, 2012 Job Application #: 420562493 Application Type: A1 Premises Address: 144-38 72 Road Zoning District: R4 Block: 6661 Lot: 22 Doc(s):
NYC Department of Buildings Examiner: Antonio M. Marbid Jr., PE	

Examiner's Signature:

To discuss and resolve these objections, please call 311 to schedule an appointment with the Plan Examiner listed above. You will need the application number and document number found at the top of this objection sheet. To make the best possible use of the Plan Examiner's and your time, please make sure you are prepared to discuss and resolve these objections before arriving for your scheduled plan examination appointment.

Item No.	Doc.	Section of Code	Objections	Date Resolved	Comments
1)		LL 103/89	Provide proof of legal existence prior to 1989 of the concrete pad at the rear or provide drywell.	6/8	
2)		BC 27-733 HMC 27-2087	The bottom of the rear yard shall be no higher than six inches below the window sill of the required windows. The window well does not qualify as light/vent source. The bedrooms in the basement have no light and vent.	9/13	
3)		ZR 23-45	Provide green front yard.	6/8	
4)		ZR 25-22	Provide parking. Indicate in the drawing the location of the parking space. Include in the schedule A the parking.	6/8	
5)		FC 503.8	Comply with FC 503.8 fire apparatus access road requirement. Provide sprinkler or provide Fire Department approval.	9/13	- PL
6)		BC 106	Provide the following: ASBESTOS: CERTIFICATION (DEP ACP5) COST AFFIDAVIT ESTIMATE: (PW3) STREET TREE CHECKLIST DOB - ZONING DIAGRAM (ZD1) VERIFY DOB PLAN NAMING STANDARD IS MET ENERGY CODE PROGRESS INSPS TECHNICAL REP NYCECC ANALYSIS		

Bring marked-up plans for next appointment. Be prepared to answer all comments & questions that appear on them. Do not alter or write on these plans.

Add in sched B