

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, NY 10013

CHARLES M. SMITH, Jr., R.A., Commissioner

JOSEPH M. WHITE
Assistant Commissioner
of Operations

OPERATIONS
POLICY AND PROCEDURES NOTICE # 1/87

To: Borough Superintendents
From: Joseph M. White, Assistant Commissioner
Date: March 13, 1987
Subject: Asbestos Forms

Effective April 1, 1987

Purpose

To establish a procedure for processing asbestos evaluation forms.

Procedure

Applications filed prior to April 1, 1987 will not be subject to the following requirements.

Effective April 1, 1987 applications requiring plans, and applications for demolition permits cannot be approved unless an asbestos evaluation form is submitted with the application. New buildings are exempt from this requirement by law. Specific categories of work, which are noted further on in the procedure, are also exempt in accordance with regulation S 8152 of the Department of Environmental Protection Asbestos Control regulations.

Asbestos evaluation forms fall into three categories as indicated below:

1. Not an asbestos project- form must be signed by a Certified Asbestos Investigator (ACP5).
2. Asbestos Inspection Report (ACP7).
3. Asbestos Exemption Certification Letter (B Form ASB4).

An original plus one copy of the asbestos evaluation form must be submitted prior to approval for each application filed except

for Building Notices and Demolition permits, for which an original plus one copy of the asbestos evaluation form must be submitted at the time of filing. On all other applications, the Plan Examiner will issue an objection if the approved asbestos form is not present. Building Notice and Demolition permit applications cannot be filed without one of the asbestos forms. In addition, Asbestos Inspection Reports must be accompanied by the appropriate filing fee, payable to New York City Department of Buildings in accordance with the schedule so indicated on the form.

Building Notice and/or Alteration applications filed solely for the following reasons are exempt from filing asbestos forms ACP 5 and ACP 7. However, B Form ASB 4, the Exemption Certification Letter must be filed.

- . Sidewalk Sheds, bridges and fences
- . Curb Cuts
- . Accessory parking
- . Retaining walls
- . Parapet walls
- . Signs
- . Replacing exterior water tanks
- . Exterior scaffolding
- . Cranes
- . Elevator Equipment (not including construction and enclosure of shaft)
- . Underpinning of buildings
- . Sealing of buildings
- . New finish material
- . New storefronts in existing masonry openings
- . Subdivision of an existing tax lot
- . Zoning lot reapportionment
- . Sealing of dumbwaiters
- . Change of use or legalization requiring no work
- . Erecting of fire escapes
- . Erecting of interior non-bearing partitions
- . Tents
- . Candy or news stands
- . Certificate of Occupancy requiring no work

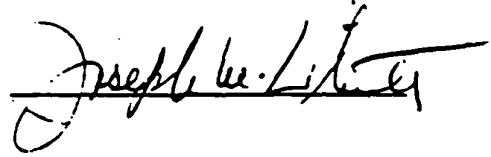
Any amendments to applications filed after March 31, 1987 must include a copy of the asbestos evaluation form originally submitted. A new form would not be required unless the amendment changes the scope of the work covered by the original application. Plan Examiners will be responsible for reviewing amendments submitted with plans to determine whether a new asbestos evaluation form is required. Amendments to applications filed prior to April 1, 1987 are not subject to these requirements until April 1, 1988.

A copy of the asbestos evaluation form will be retained in the borough office with the application. Filing fees collected will be held and deposited to the Department of Finance general revenue account using revenue source number 00250, along with the Department's receipts.

The Borough Office Manager or his/her designee will prepare a package consisting of the originals of all asbestos evaluation forms filed, batched with a daily summary sheet and a copy of the ACRAF 400 for agency number 826 for pick-up by the Department of Environmental Protection. A sample of the summary sheet to be used for batching the forms is attached. Summary entries will be made by application number with a checkmark placed in the appropriate box to indicate which form was received. By close of business each day, the Department of Environmental Protection will collect these packages from each borough office.

Questions on the asbestos evaluation forms and/or exceptions to policy should be referred to the Director of the Asbestos Control Program, (212) 323-8653, at the Department of Environmental Protection.

Copies of the asbestos evaluation forms are attached.

A handwritten signature in black ink, appearing to read "Joseph W. Little", is written over a horizontal line. The signature is cursive and somewhat stylized.

JMW:mh
Attachments

cc: Executive Staff
Deputy Borough Superintendents
Borough Managers
Supervisors - Permits

SUMMARY SHEET

APPLICATION NUMBER	ACP5	ACP7	ASB4

NOT AN ASBESTOS PROJECT -

19
NYC BUILDINGS DEPT. APPLICATION

NOTE: THIS FORM TO BE COMPLETED IF THERE IS NO ASBESTOS PRESENT OR IF TOTAL AMOUNT OF ASBESTOS-CONTAINING MATERIAL IS 10 SQUARE FEET OR LESS AND 25 LINEAR FEET OR LESS

1. STRUCTURE(S) LOCATED AT _____
AKA _____

2. BLOCK # _____ 3. LOT # _____ 4. BOROUGH _____

5. DESCRIPTION OF WORK TO BE PERFORMED _____

6. I _____ HAVE CONDUCTED AN ASBESTOS INVESTIGATION IN ACCORDANCE WITH THE PROCEDURES
PRINT NAME OF ASBESTOS INVESTIGATOR

OUTLINED IN EITHER EPA PUBLICATION 560/5-85-024 OR 560/13-80-017A AND DECLARE THAT AT SAID LOCATION, THE
(check one)

- a. premises to be demolished are free of any known asbestos containing material (ACM)
- b. premises to be demolished contain 10 square feet or less and 25 linear feet or less of ACM
- c. surfaces of relevant structure(s) affected by an alteration are free of any known asbestos-containing material (ACM)
- d. surfaces of relevant structure(s) affected by an alteration contain 10 square feet or less and 25 linear feet or less of ACM

COMPLETE AND THOROUGH ASBESTOS INVESTIGATION PERFORMED OF

STORY (include cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room # ____, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	# OF SAMPLES ANALYZED	ASBESTOS PRESENT	
				YES	NO

NAME OF LABORATORY THAT ANALYZED SAMPLES _____

ADDRESS OF LABORATORY THAT ANALYZED SAMPLES _____

AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE

DATE _____

Signature of NYC-CERTIFIED ASBESTOS INVESTIGATOR _____

NYC ASBESTOS INVESTIGATOR CERTIFICATE NUMBER _____

NOTE: STORAGE, TRANSPORTATION AND DISPOSAL OF ASBESTOS CONTAMINATED WASTE AND REUSE OF THE NYC DEPARTMENT OF SANITATION (11.70/85) BE PIECEMEAL CARRYING OUT OF AN OPERATION TO AVERAGE BY STANDARD THAT APPLIES ONLY TO OPERATIONS LARGER THAN A 50,000 SQ FT IS A VIOLATION
ACM = Asbestos Containing Material - Material Containing Greater than 1% Asbestos by Weight

ANY INDICATION OF VARIANCE FROM INFORMATION PROVIDED ON THIS FORM MUST BE REPORTED IMMEDIATELY IN WRITING DIRECTLY TO THE NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS INSPECTION REPORT

FOR OFFICE PURPOSES ONLY

19

NYC BUILDINGS DEPT. APPLICATION #

NOTE: IF TOTAL AMOUNT OF ASBESTOS-CONTAINING MATERIAL IS 10 SQUARE FEET OR LESS, AND 25 LINEAR FEET OR LESS THE "NOT AN ASBESTOS PROJECT" FORM #ACPS MUST BE COMPLETED AND THIS REPORT IS NOT REQUIRED

1. (SEE ITEM 23a)

I. FACILITY

2. ADDRESS _____ BORO _____ ZIP CODE _____
AKA _____ 3. BLOCK # _____ 4. LIT # _____
5. *TYPE OF FACILITY _____
NAME OF BUILDING _____
6. APPROXIMATE AGE OF BUILDING _____ YEARS OLD
7. DESCRIPTION OF PROPOSED WORK _____
(e.g. Removing and Replacing Old Boiler, Demolishing Building, Replacing Plumbing in Building, Installing Fire Sprinklers Major Alteration..)

II. BUILDING OWNER

8. NAME _____ 9. TEL.#() - _____
10. ADDRESS _____ STATE _____ ZIP CODE _____

III. GENERAL CONTRACTOR

11. NAME _____ 12. TEL.#() _____

IV. ASBESTOS ABATEMENT CONTRACTOR

13. NAME _____ CONTACT PERSON _____ 14. TEL.#() - _____
15. ADDRESS _____ STATE _____ ZIP CODE _____

V. ASBESTOS ABATEMENT/PROJECT COORDINATOR

16. Name of Contact Person _____ 17. Tel.# _____
(Title)

VI. ASBESTOS PORTION OF PREMISES BEING ALTERED/DEMOLISHED

18. PRIOR USE OF SPACE(S) _____
(Gymnasium, Cafeteria, Boiler Room, Laundry Room, Commercial Office Space, Plenum for Ventilation Ducts, Corridor, etc.)
19. ASBESTOS COVERED STRUCTURE(S) BEING WORKED ON _____
(Ceilings, Pipes, Storage Tanks, Plenum Ducts, Decking, Ceiling Tiles, etc.)
20. STARTING DATE FOR THIS PORTION OF WORK ____/____/____ PROJECTED COMPLETION DATE ____/____/____
21. TOTAL AMOUNT OF ASBESTOS-CONTAINING MATERIAL (ACM) WHICH IS OR MAY BECOME FRIABLE DURING ALTERATION/DEMOLITION (ESTIMATED)
____ Square Feet, and/or _____ Linear Feet on pipe

22. ASBESTOS HAULER
COMPANY NAME _____ STATE DEC PERMIT # _____ TEL.#() - _____

23a. FILING FEE SCHEDULE (See Instructions)

	FILING FEE IS
FOR PROJECTS DISTURBING:	
1000 Linear Feet or more or 1000 Square Feet or more	\$800
At least 260 Linear Feet and less than 1000 Linear Feet or	
At least 160 Square Feet and less than 1000 Square Feet.....	\$500
At least 25 Linear Feet and less than 260 Linear Feet or	
At least 30 Square Feet and less than 160 Square Feet.....	\$250

Circle appropriate Filing Fee and write it in Block 1. Complete this Report and Submit it with the Filing Fee and the Building Department application to the NYC Buildings Department

NOTE: CASH IS NOT ACCEPTABLE. CHECKS SHOULD BE MADE PAYABLE TO:
NYC DEPARTMENT OF BUILDINGS

23b. Method(s) of ACM abatement to be used before building demolished, renovated or altered (attach additional pages if necessary) _____

*Type of Facility - Hospital, Doctor, Warehouse, Commercial Office Space, Apartment Building, etc.

-ACM - Asbestos Containing Material means Material Containing Greater Than 1% Asbestos by Weight

ASBESTOS INSPECTION REPORT (con't.)

24. Procedure(s) to be used to prevent emissions of asbestos outside the work area. (attach additional pages if necessary)

25. Is this a Demolition Project? [] YES [] NO

26. LOCATIONS WHERE SUBJECT ALTERATION(S) OR DEMOLITION TAKING PLACE

Table with 5 columns: STORY, DESCRIBE SECTION OF FLOOR, AFFECTED SURFACES CONTAINING ACM, AMOUNT OF ACM, DESCRIPTION OF WORK BEING PERFORMED.

Attach additional sheets if necessary

27. I hereby declare that the information provided herein is true and complete. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

Signature of Applicant

Date

If Applicant, is not the owner:

Authorization of Owner: I hereby declare that I have authorized the applicant, to file the Application for the work specified herein.

(Print Name of Applicant)

Signature of Owner

Date

NOTE: Storage, Transportation and Disposal of Asbestos Contaminated Wastes is regulated by the NYC Department of Sanitation (LL 70/85)

Any modification or variance from information provided on this form must be reported immediately in writing directly to the NYC Department of Environmental Protection Bureau of Air Resources Asbestos Control Program 293 Lafayette Street - 3rd Floor New York, New York 10012

THE PRACTICE OF CARRYING OUT AN OPERATION TO AVOID COVERAGE BY A STANDARD THAT APPLIES ONLY TO OPERATIONS OF A LARGER SIZE IS A VIOLATION

City of New York
Department of Buildings

Asbestos Exemption
Certification Letter

Application No. _____

Block _____

Lot _____

Address _____

a/k/a _____

As the duly authorized agent for the above premises, I hereby certify that the work filed for at the above address is exempt from the asbestos form requirement as defined in section 8152 (A) 1. of regulations promulgated by the New York City Department of Environmental Protection.

Date _____ 19 _____

Applicant Signature _____

Affix Seal of Registered
Architect or Professional
Engineer here.

Warning: Any person who shall knowingly make a False Statement or who shall knowingly allow this statement to be falsified shall be guilty of a misdemeanor under Section 643A-10.0 of the Administrative Code, and shall be punished by a fine of not more than \$500.00 or by imprisonment of not more than 6 months, or both.

Note: Form must be filed in duplicate