



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR REGISTRATION
DEMOLITION PACKAGE AR299 & AR300

FORMS MUST BE FILLED OUT IN ENGLISH

WHAT TO SUBMIT WITH THESE FORMS:

1. Copy of NYC Department Of Buildings (DOB) Demolition Permit
2. Fee (Calculation fees are specified at the end of this instruction sheet)

WHERE TO SUBMIT THESE FORMS:

Please complete and submit these two forms (AR299 & AR300) in person or by mail to NYC Department of Environmental Protection, Bureau of Environmental Compliance, 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373.

YOU MUST FILL OUT THESE FORMS COMPLETELY.

INCOMPLETE FORMS WILL NOT BE ACCEPTED
 PLEASE COPY INFORMATION YOU ENTERED ON THE **AR299** (WITH THE EXCEPTION OF BOX #14)
 EXACTLY INTO THE CORRESPONDING NUMBERED BOX ON THE **AR300**

1. PREMISES ADDRESS:	ADDRESS OF BUILDING OR STRUCTURE TO BE DEMOLISHED, INCLUDE BOROUGH, CITY, STATE, AND ZIP.
2. BUILDING OR STRUCTURE TYPE:	TYPE OF MATERIAL OF WHICH BUILDING OR STRUCTURE IS CONSTRUCTED (e.g. BRICK, CONCRETE, ETC.).
3. STORIES:	TOTAL NUMBER OF STORIES WITHIN BUILDING OR STRUCTURE.
4. TOTAL FLOOR AREA:	TOTAL SQUARE FEET OF THE FLOOR AREA WITHIN BUILDING OR STRUCTURE.
5. STREET FRONTAGE:	MEASUREMENT IN FEET OF THE STREET FRONTAGE THAT THE BUILDING OR STRUCTURE OCCUPIES. IF THE BUILDING OR STRUCTURE HAS FRONTAGE ON MORE THAN ONE STREET, INDICATE THE LONGER FRONTAGE ONLY.
6. BUILDING FRONTAGE:	MEASUREMENT IN FEET OF THE ACTUAL FRONTAGE OF THE BUILDING OR STRUCTURE.
7. START OF DEMOLITION	NUMBER OF DAYS AFTER RECEIVING APPROVALS THE DEMOLITION PROJECT STARTS
7a. DURATION OF DEMOLITION	EXPECTED LENGTH OF TIME OF THE DEMOLITION PROJECT [I.E. 2 DAYS, 3 WEEKS, ONE MONTH].
8. & 8a. BUILDING PERMIT # (IF AVAILABLE) AND DATE ISSUED:	IF YOU HAVE ALREADY RECEIVED A PERMIT FROM THE NYC DEPARTMENT OF BUILDINGS [DOB] FOR THIS DEMOLITION, INDICATE THE PERMIT NUMBER AND THE DATE THE PERMIT WAS ISSUED.
9. PROVIDE A COPY OF THE DEPARTMENT OF BUILDINGS DEMOLITION PERMIT WHEN RECEIVED:	IF YOU HAVE ALREADY RECEIVED THE PERMIT, INCLUDE A COPY WITH YOUR SUBMISSION OF THIS REGISTRATION. IF YOU HAVE NOT YET RECEIVED THE PERMIT, YOU MUST SEND A COPY TO THE ADDRESS BELOW OR FAX A COPY TO (718) 595-3744.
10. DEMOLITION CONTRACTOR:	NAME OF COMPANY, TELEPHONE NUMBER AND COMPLETE ADDRESS OF DEMOLITION CONTRACTOR. ADDRESS MUST INCLUDE THE BOROUGH AND ZIP CODE.
11. & 11a. PERSON SUPERVISING DEMOLITION:	NAME AND TITLE OF PERSON THAT WILL BE SUPERVISING THE DEMOLITION.
12. INDICATE PRECAUTIONS TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE:	PROVIDE DETAILED DESCRIPTION OF WHAT PRECAUTIONS WILL BE TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE (e.g. MATERIAL WILL BE WETTED WITH WATER PRIOR TO DISTURBANCE, ETC.).
13. METHOD OF DEMOLITION TO BE EMPLOYED:	PROVIDE DESCRIPTION OF HOW DEMOLITION WILL BE PERFORMED (e.g. USING HAND TOOLS, MECHANICAL MEANS, ETC.) AND WHAT TYPE OF EQUIPMENT WILL BE USED (e.g. HAND TOOLS, JACK HAMMERS, BOBCATS, ETC.).
14. DOES STRUCTURE HAVE ASBESTOS-CONTAINING MATERIAL?	"YES" OR "NO" MUST BE INDICATED.
14a. IF YES:	IF "YES", ALL ASBESTOS-CONTAINING MATERIAL MUST BE REMOVED PRIOR TO ANY DEMOLITION ACTIVITIES. REFER TO TITLE 15, CHAPTER 1 OF THE RULES OF THE CITY OF NEW YORK. A COPY IS AVAILABLE ON THE DEPARTMENT'S WEB SITE, WWW.NYC.GOV/DEP
14b. & 14c. IF NO:	IF "NO", PROVIDE THE NAME AND CERTIFICATE NUMBER OF THE ASBESTOS INSPECTOR WHO SUBMITTED YOUR ACP5 FORM.
15. FIRM RESPONSIBLE FOR FILING DEMOLITION REGISTRATION:	NAME OF COMPANY, TELEPHONE NUMBER, COMPLETE ADDRESS, NAME OF THE OWNER/AGENT OR OFFICER AND THE OWNER/AGENT OR OFFICER'S TITLE. ADDRESS MUST INCLUDE THE BOROUGH AND ZIP CODE. SIGNATURE MUST BE THAT OF THE OWNER/AGENT OR OFFICER, REMEMBER TO INCLUDE THE DATE.

DEMOLITION FEE INFORMATION: COMPUTED BY MULTIPLYING THE STREET FRONTAGE IN FEET BY THE NUMBER OF STORIES OF THE BUILDING TIMES TWENTY-FIVE CENTS (\$0.25), PROVIDED THAT THE MINIMUM FEE SHALL NOT BE LESS THAN \$250.00. WHEREVER A BUILDING SHALL HAVE FRONTAGE ON MORE THAN ONE STREET, THE LONGER FRONTAGE SHALL BE USED IN THE COMPUTATION.



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Environmental Compliance
 59-17 Junction Boulevard, 9th Floor
 Flushing, New York 11373

APPLICATION FOR REGISTRATION DEMOLITION AR299

Premises

1. Address:		Borough:	2. Building or Structure Type:		3. Number of Stories:
City:	State:	Zip Code:	4. Total Floor Area (Sq Ft):	5. Street Frontage (Ft):	6. Building Frontage (Ft):

Demolition

7. Approximately, how many days after receiving approval from both the Department of Buildings (DOB) and the Department of Environmental Protection (DEP) do you anticipate starting demolition?	7a. Approximately, how many days / weeks / months do you expect to be doing demolition?	8. Building Permit Number (if available):		8a. Date Issued:
		9. Is a copy of the DOB Demolition Permit being submitted with this Registration? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <small>If DOB Demolition Permit is NOT being submitted with this Registration, please submit a copy when received.</small>		

Demolition Contractor

10. Name of Company:		Telephone:	
Address:		Borough:	Zip Code:
11. Name of Person Supervising Demolition:		11a. Title:	

Demolition Procedures

12. Indicate precautions taken to prevent particulate matter from becoming airborne:
13. Method of demolition to be employed:

Asbestos

14. Was this an ACP7 (Asbestos Abatement) Project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14a. If Yes, please provide date when project was completed:	If No, please provide the name of the Asbestos Investigator who filed your ACP5 Form	
	14b. Asbestos Investigator:	14c. Certificate Number:

Firm Responsible for Filing Demolition Registration

15. Name of Company:		Telephone:	
Address:		Borough:	Zip Code:
Name of Owner / Agent or Officer:	Title:	Signature:	Date:

FOR DEPARTMENT USE ONLY

Certificate of Registration Number:	Date Processed / Approved:	Approved by (Examiner):
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Environmental Compliance
 59-17 Junction Boulevard, 9th Floor
 Flushing, New York 11373

Vincent Sapienza, P.E.
 Commissioner

Michael Gilsean
 Assistant Commissioner
 Environmental Compliance

REGISTRATION FOR DEMOLITION AR300

APPROVED REGISTRATION MUST BE DISPLAYED IN THE VICINITY OF PREMISES BELOW

Premises

1. Address:		Borough:	2. Building or Structure Type:		3. Number of Stories:
City:	State:	Zip Code:	4. Total Floor Area (Sq Ft):	5. Street Frontage (Ft):	6. Building Frontage (Ft):

Demolition

8. Building Permit Number (if available):	8a. Date Issued:
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Demolition Contractor

10. Name of Company:		Telephone:	
Address:		Borough:	Zip Code:
11. Name of Person Supervising Demolition:		11a. Title:	

Demolition Procedures

12. Indicate precautions taken to prevent particulate matter from becoming airborne:
13. Method of demolition to be employed:

Asbestos

14. Indicate Type of Filing Submitted <input type="checkbox"/> ACP5 <input type="checkbox"/> ACP7

Firm Responsible for Filing Demolition Registration

15. Name of Company:		Telephone:	
Address:		Borough:	Zip Code:
Name of Owner / Agent or Officer:	Title:	Signature:	Date:

FOR DEPARTMENT USE ONLY

Certificate of Registration Number:	DR
Date Processed / Approved:	
Expiration Date:	

 For The Commissioner