

INTERIOR RENOVATION NOISE MITIGATION PLAN

I. CONTACT & WORKSITE INFORMATION

Name of Contractor and/or Sub-contractor:			Name of Owner or Management Company			WORKSITE		DOT PERMIT # (If needed):	
Address			Address			Address			
City	State	Zip	City	State	Zip	Please specify the location (i.e. first floor, lobby, etc.)			
Email		Phone Number	Email		Phone Number	City / Borough STATEN ISLAND		State NY	Zip

PROJECTED WORK SCHEDULE

If you anticipate having to work at any time other than 7am to 6pm Monday to Friday, you might need to apply for an After Hours Variance

	<input type="checkbox"/> WEEKDAYS	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
DAYTIME:	From _____ To _____	From _____ To _____	From _____ To _____
NIGHTTIME:	From _____ To _____	From _____ To _____	From _____ To _____

Please check the applicable box stating whether noise mitigation plans are:

- Posted on site
 Available at: _____
Where can noise mitigation plans be found

II. WORK HOURS

- Permitted times to perform interior renovation are weekdays between the hours of 7a.m. and 6p.m.
- A person may however perform interior renovation work in connection with the alteration or repair of an existing one or two family owner-occupied dwelling classified in occupancy group J-3 or a convent or rectory on Saturdays and Sundays between the hours of 10a.m. and 4 p.m. provided that such dwelling is located more than 300 feet from a house of worship.

III. SOURCE AND PATHWAY CONTROLS – REFER TO 15 RCNY § 28-110 et seq

Select **NOISE BARRIERS** that will be used in this renovation:

- | | |
|---|---|
| <input type="checkbox"/> Carsonite Sound Barrier [www.carsonite.com] | <input type="checkbox"/> Kinetics Noise Block [www.kineticsnoise.com] |
| <input type="checkbox"/> Sound Fighter LSE Sound Barrier [www.soundfighter.com] | <input type="checkbox"/> One inch plywood rated at 30 STC |
| <input type="checkbox"/> Other: _____ | |

Select **NOISE CURTAINS** that will be placed on the walls of the rooms where noisy operations are being performed:

- Sound Seal BBC-13-2 [www.soundseal.com]
- Illbruck Acoustic SONEX Curtain [www.illbruck-sonex.com]
- McGill AirSilence Fibersorb Curtains [www.mcgillairsilence.com]
- Acoustiblok, Acoustiblok-Wallcover [www.acoustiblok.com]
- AcoustiGuard, GenieClip, Mass Loaded Vinyl, Barrer Material, Iso-sill [www.acoustiguard.com]
- Kinetics Model ICC, KSCH, IsoGrid, IsoMax, PSB, Wallmat, IPRB [kineticsnoise.com]
- Other: _____

Select **FLOOR SOUND ISOLATION** that will be used in this renovation:

- Acoustiblok, Acoustiwool, Acoustipad [www.acoustiblok.com]
- AcoustiGuard, OT 4005 & 4010, Duraoustic, Barrier Material, Iso Sep 25HD [www.kineticsnoise.com]
- Other: _____

TOOLS

This Plan certifies that all equipment indicated in this Mitigation Plan is maintained to operate in accordance with the manufacturer's operating specifications.

CHECK APPLICABLE BOXES LISTED BELOW:

DRILLS: The responsible party should select drills with the lowest loaded A-weighted sound power level (SWLA) that meet their needs.

Please select **DRILLS** that will be used in this renovation:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hitachi D10VH | <input type="checkbox"/> Makita 6408 | <input type="checkbox"/> Milwaukee 0300-20 |
| <input type="checkbox"/> Makita 6303H | <input type="checkbox"/> Milwaukee 0299-20 | <input type="checkbox"/> Milwaukee 0302-20 |
| <input type="checkbox"/> Other: _____ | | |

CIRCULAR SAWS: The responsible party should select saws with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select CIRCULAR SAWS that will be used in this renovation:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Bosch CS20 | <input type="checkbox"/> Makita 5057KB | <input type="checkbox"/> Milwaukee 6370-20 | <input type="checkbox"/> Porter Cable 345 |
| <input type="checkbox"/> Hitachi C7SB2 | <input type="checkbox"/> Makita 5277 NB | <input type="checkbox"/> Porter Cable 314 | <input type="checkbox"/> Porter Cable 743 |
| <input type="checkbox"/> Other: _____ | | | |

PORTABLE GENERATORS: The responsible party should select models with the lowest levels (dBA) that meet their needs. Please select PORTABLE GENERATORS that will be used in this renovation:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Honda EU1000iAN | <input type="checkbox"/> Honda EU2000 Series | <input type="checkbox"/> Honda EU3000isAN | <input type="checkbox"/> Honda EU6500isA |
| <input type="checkbox"/> Other: _____ | | | |

ORBITAL SANDERS: The responsible party should select orbital sanders with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select ORBITAL SANDERS that will be used in this renovation:

- | | |
|--|---|
| <input type="checkbox"/> Black and Decker MS500K | <input type="checkbox"/> Black and Decker MS550GB |
| <input type="checkbox"/> Other: _____ | |

POWER SCREW DRIVERS: The responsible party should select power screw drivers with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select POWER SCREW DRIVERS that will be used in this renovation:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> DeWalt DW272 | <input type="checkbox"/> Hitachi W6V3 |
| <input type="checkbox"/> Other: _____ | |

RECIPROCATING SAWS: The responsible party should select reciprocating saws with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select RECIPROCATING SAWS that will be used in this renovation:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> DeWalt DW309K | <input type="checkbox"/> Milwaukee 6509-22 | <input type="checkbox"/> Milwaukee 6519-22 | <input type="checkbox"/> Milwaukee 6524-21 |
| <input type="checkbox"/> Other: _____ | | | |

MITER SAWS: The responsible party should select miter saws with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select MITER SAWS that will be used in this renovation:

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Delta MS250 | <input type="checkbox"/> DeWalt DW706 | <input type="checkbox"/> Hitachi C10FCE |
| <input type="checkbox"/> Other: _____ | | |

GRINDERS: The responsible party should select grinders with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select GRINDERS that will be used in this renovation:

- | | | | |
|---------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bosch 1700A | <input type="checkbox"/> Hitachi G12SR2 | <input type="checkbox"/> Ridgid R1000 | <input type="checkbox"/> Ryobi AG401 |
| <input type="checkbox"/> DeWalt DW402 | <input type="checkbox"/> Milwaukee 6148-6 | <input type="checkbox"/> Ryobi AF451 | |
| <input type="checkbox"/> Other: _____ | | | |

JIG SAWS: The responsible party should select jig saws with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select JIG SAWS that will be used in this renovation:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Black and Decker JS600 | <input type="checkbox"/> Milwaukee 6266-22 | <input type="checkbox"/> Skil 4380 |
| <input type="checkbox"/> Other: _____ | | |

HAMMER DRILLS: The responsible party should select hammer drills with the lowest loaded A-weighted sound power level (SWLA) that meet their needs. Please select HAMMER DRILLS that will be used in this renovation:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Bosch 11224VSR | <input type="checkbox"/> DeWalt DW 505 | <input type="checkbox"/> DeWalt D25103 | <input type="checkbox"/> Hitachi DH24PE |
| <input type="checkbox"/> Other: _____ | | | |

OTHER EQUIPMENT THAT WILL BE USED IN THIS RENOVATION: *Please describe the tool and the type of mitigation tool will be used for*

TOOL:	MITIGATION TYPE:

IV. MINIMAL NOISE RULE 15 RCNY § 30-101 et seq

If the project scope of work complies with the Minimal Noise Rule 15 RCNY § 30-101 et seq please check here.

I hereby certify that the information contained in this form is true and accurate.

Name of Responsible Party of _____ Company _____ Date

THE DATE THIS MITIGATION PLAN IS RECEIVED BY DEP WILL BE CONSIDERED THE DATE THE PLAN IS ADOPTED OR IMPLEMENTED