



THE CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev 10/2024

Bureau of Environmental Compliance  
59-17 Junction Boulevard, 9<sup>th</sup> Floor, Flushing, New York 11373 - Records Control (718) 595-3855

Entry #

# ALTERNATIVE NOISE MITIGATION PLAN (ANMP)

## AFTER HOURS FOR UTILITY AND STREET WORK

### MUST PRINT AND POST ON WORKSITE

**YOU MUST OBTAIN AN AFTER HOUR VARIANCE FROM DOB / DOT FOR YOUR AFTER-HOUR CONSTRUCTION WORK. IF SUCH APPROVAL IS NOT GRANTED, DEP WILL RESCIND YOUR ANMP**

In accordance with Section 24-221 (a) of the New York City Administrative Code, upon application, the commissioner may approve an alternative noise mitigation plan for a particular construction site that deviates from strict compliance with the noise mitigation rules. Application for approval of such plan shall be electronically submitted to the department at least ten business days prior to the commencement of construction or as soon as practicable but no later than 24 hours prior to the commencement of construction in a form and manner and accompanied by such information and documentation as shall be set forth in the rules of the department. An application for approval may be submitted after the commencement of construction if an application includes a showing that all reasonable available mitigation measures have been implemented since the commencement of construction but aggregate sound levels from the site exceed or are reasonably anticipated to exceed one or more of the applicable limits in this chapter.

### PROJECT LOCATION

WORK SITE LOCATION ADDRESS	ZIP	BOROUGH	BLOCK	LOT
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Anticipated Date Project Start:	Noise Mitigation Plan Completion Date:	ALTERNATIVE Noise Mitigation Plan Completion Date:	Duration of the ENTIRE Project in:		
			YEARS	MONTHS	DAYS

**HAVE YOU SUBMITTED A CONSTRUCTION NOISE MITIGATION PLAN?**  
(You must submit a Construction Noise Mitigation Plan before submitting this alternative plan)

☐ YES ☐ NO / Submission Date: \_\_\_\_\_

**NYCDOT** PERMIT NUMBER(s) **NYCDOB** PERMIT NUMBER(s)

**CHECK IF**

<input type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial Property
<input type="checkbox"/> City/State Project	<input type="checkbox"/> Hospital <input type="checkbox"/> School
<input type="checkbox"/> Other	

Name of property selected above: \_\_\_\_\_

### CONTACT INFORMATION

GENERAL CONTRACTOR COMPANY NAME					
PROJECT MANAGER			EMAIL		
BUSINESS ADDRESS		CITY	STATE	ZIP	PHONE NUMBER

### SUBCONTRACTOR(S) AND/OR COMPANY EXPECTED TO PERFORM WORK IF APPLICATION IS APPROVED

COMPANY NAME (1)				COMPANY NAME (2)			
BUSINESS ADDRESS	CITY	STATE	ZIP	BUSINESS ADDRESS	CITY	STATE	ZIP
SITE MANAGER / PERSON IN CHARGE		EMAIL:		SITE MANAGER / PERSON IN CHARGE		EMAIL	

DESCRIBE THE REASON WHY YOUR WORK EXCEEDS THE ALLOWABLE DECIBELS AND WHY THIS WORK MUST BE PERFORMED AFTER HOURS.

If additional space is needed, please attach a separate sheet with the information and indicate in the space above that additional information is attached. Be sure to include the work site address

DAYS AND TIME OF AFTER HOUR WORK THAT IS BEING REQUESTED

DAY	START TIME	END TIME

**CONSTRUCTION INFORMATION**DECIBEL LEVEL THAT IS  
BEING REQUESTED:Please list all **DEVICES** and/or **ACTIVITIES** that cannot comply with Title 15 RCNY Section 28-102.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

**NOISE MITIGATION INFORMATION**

Please describe in detail all **DEVICES** and/or **ACTIVITIES** that will be used and clearly identify the additional noise mitigation measures to be included that are above and beyond those measures otherwise required to be implemented. Attach diagrams showing site and closest receptors. Identify receptors as "R" for residential, "C" for commercial, "S" for sensitive (school, hospital, etc.). Include additional documentation if necessary.

I \_\_\_\_\_ hereby affirm under penalty of perjury that the information provided herein and in any and all accompanying attachments is true and complete to the best of my knowledge and that this form shall or has been posted at the works site forthwith.

Title \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

**ALL FORMS MUST BE AVAILABLE AND DISPLAYED AT THE WORKSITE****DEP USE ONLY**☐ APPROVED ☐ DISAPPROVED*Notes/Instructions:*

MONDAY TO FRIDAY

SATURDAY

SUNDAY

ALLOWABLE DECIBEL LEVEL AT 50 FEET:

EXPIRATION DATE:

*Signature of the Agency Head or Designated Representative:**Date*