



Entry #

ALTERNATIVE NOISE MITIGATION PLAN (ANMP)

AUTHORIZED HOURS - WEEKDAYS 7AM TO 6PM

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 of the New York City Administrative Code, any individual or entity performing construction work in the city, shall adopt and implement an alternative noise mitigation plan for each construction site when any device or activity deviates from strict compliance with the noise mitigation rules as defined in Section 24-219. The attached sample form of an alternative noise mitigation plan is intended to inform the user of the required plan elements that a responsible party shall include when the listed devices are being used on site and the mitigation strategies and best management practices defined in Title 15 Rules of the City of New York - RCNY Section 28-102 cannot be strictly complied with. The responsible party shall be liable for the accuracy of this document and compliance with all applicable rules in Title 15 RCNY Chapter 28.

PROJECT LOCATION

WORK SITE LOCATION ADDRESS		ZIP	BOROUGH	BLOCK	LOT	
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) <input type="checkbox"/> YES <input type="checkbox"/> NO / Submission Date: _____		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			
NYCDOT PERMIT NUMBER(s) NYCDOB PERMIT NUMBER(s)			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 IN DETAIL THE CIRCUMSTANCES THAT PREVENT THIS WORK FROM BEING DONE DURING PERMITTED CONSTRUCTION WORK 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

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. Attached 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 _____

DEP USE ONLY		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<i>Notes/Instructions:</i>
ALLOWABLE DECIBEL LEVEL AT 50 FEET:	EXPIRATION DATE:	
Signature of the Agency Head or Designated Representative	Date	