

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373-5108



ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED

Building Dept. or TRU No For OFFICIAL USE ONLY									

ASBESTOS PROJECT NOTIFICATION  
(ASBESTOS INSPECTION REPORT)

[www.nyc.gov/dep](http://www.nyc.gov/dep)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

1. \_\_\_\_\_  
(See fee schedule)

I. FACILITY

2. Address \_\_\_\_\_ Borough \_\_\_\_\_ Zip \_\_\_\_\_  
Premise # \_\_\_\_\_ Prefix \_\_\_\_\_ Street Name \_\_\_\_\_

AKA \_\_\_\_\_ 3. Block \_\_\_\_\_ 4. Lot \_\_\_\_\_

5. Type of Facility \_\_\_\_\_ 6. Name of Building \_\_\_\_\_

II. BUILDING OWNER

7. Name \_\_\_\_\_ 8. Contact Person \_\_\_\_\_

9. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

10. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

III. GENERAL CONTRACTOR

11. Name \_\_\_\_\_ Tel. # \_\_\_\_\_

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name \_\_\_\_\_ 13. Contact Person \_\_\_\_\_

14. Federal Employer ID. # \_\_\_\_\_ 15. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

16. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

V. THIRD PARTY AIR MONITOR

17. Name \_\_\_\_\_ 18. Contact Person \_\_\_\_\_

19. Federal Employer ID. # \_\_\_\_\_ 20. Tel. # \_\_\_\_\_ Fax # \_\_\_\_\_

21. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

22. Sample Analysis Laboratory \_\_\_\_\_ 23. NYS DOH ELAP # \_\_\_\_\_

VI. PROJECT INFORMATION

24. Starting date for this portion of work \_\_\_\_\_ Projected completion date \_\_\_\_\_

Asbestos work schedule:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

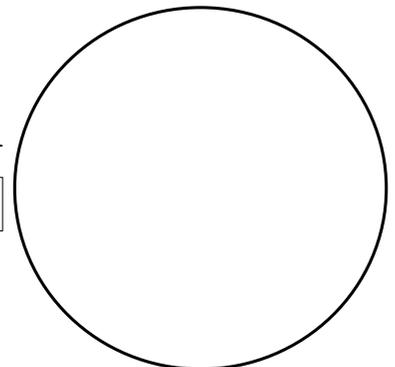
Shift From: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm

If other, specify \_\_\_\_\_

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

\_\_\_\_\_ Square Feet, and/or \_\_\_\_\_ Linear Feet





[Click here](#) if you wish to obtain a voter registration form. Government services are not conditioned on being registered to vote. A voter registration form can also be obtained at <http://nyc.gov/html/misc/html/register.html>, or by calling (212) 868-3692.