



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

INSTRUCTION SHEET FOR THE ACP7 FORM (ASBESTOS PROJECT NOTIFICATION FORM)

(ASBESTOS INSPECTION REPORT)

Enter the information as specified:

I. FACILITY

Item 2: Enter the complete premise address including building number and street name.

Select the Borough of New York City.

Enter the Zip Code.

Indicate any other addresses for the same building.

Item 3: Enter the block number.

Item 4: Enter the lot number.

Item 5: Enter the type of facility: (Commercial Office Building, School, Hospital, Residential Apartment Building, One- or Two Family House, Warehouse, Theater, etc)

Item 6: Enter the Name of the Building if a name designation exists (e.g. Empire State Building), otherwise leave this space blank.

II. BUILDING OWNER

Item 7: Enter the name of the building owner.

Item 8: Enter the name of the contact person for the owner. This individual must be familiar with the scope of work and location(s) for the project, the dates of the project, the contractor and third party information, etc.

Item 9: Enter the area code, telephone number and fax number of the building owner or contact person as appropriate.

Item 10: Enter the building owner's complete address including building number and street name. Enter the City and State. Enter the Zip Code.

III. GENERAL CONTRACTOR

Item 11: Enter the complete name and telephone number of the general contractor. Leave this space blank if there is no general contractor.

IV. ASBESTOS ABATEMENT CONTRACTOR

Item 12: Enter the complete name of the asbestos abatement contractor as it appears on the New York State Department of Labor license.

Item 13: Enter the name of the contact person at the asbestos abatement contractor. This individual must be familiar with the project, the scope of work and locations of abatement, the phase of the project, etc.

Item 14: Enter the Federal Employer Identification Number.

Item 15: Enter the area code, telephone number and fax number.

Item 16: Enter the Asbestos Abatement Contractor's complete address including building number and street name. Enter the City and State. Enter the Zip Code.

V. THIRD PARTY AIR MONITOR

Item 17: Enter the complete name of the Third Party Air Monitor.

Item 18: Enter the name of the contact person at the third party air monitor. This individual must be familiar with the project, the scope of work and locations of abatement, the phase of the project, sample results, etc.

Item 19: Enter the Federal Employer Identification Number.

Item 20: Enter the area code, telephone number and fax number.

Item 21: Enter the third party air monitor's complete address including building number and street name. Enter the City and State. Enter the Zip Code.

Item 22: Enter the name of the laboratory analyzing the air samples.

Item 23: Enter the laboratory's New York State Department of Health Environmental Laboratory Approval Program (ELAP) number.

VI. PROJECT INFORMATION

Item 24: Enter the start date for the asbestos abatement project

Enter the projected completion date.

Check the boxes of each of the days of the week when work will be performed.

Enter the shift start time and check the appropriate a.m./p.m. designation. Enter the shift end time and check the appropriate a.m./p.m. designation.

If the work schedule and shift designation requires clarification, please specify the schedule in the "if other, specify". Example: "start Friday 6:00 p.m., Saturday and Sunday 24-hour shift, and complete by Monday 4:00 a.m."

Access to inspect the premises must be provided during the period specified in this item.

Item 25: Do not enter the amount here. The total amount of asbestos-containing material to be abated will be calculated for you based on the entries in Item 30.

Do not enter any information in the circle at the lower right side of the page. This space is for official use only and will contain information regarding receipt of the form by the NYC DEP.

Item 26: Enter the name of the Asbestos Waste Hauler/ Transporter. Enter the New York State Department of Conservation Permit Number of the Hauler. Enter the Hauler's area code and telephone number. Enter the name and complete address of the disposal site.

Item 27: Check the appropriate box, if "f" is checked a description must be provided. Items "a" through "e" requires filing of this form at the New York City Department of Buildings.

Item 28: Check the appropriate box or boxes for the type of abatement, i.e. removal, enclosure, encapsulation, repair and/or clean up.

Item 29: Check the appropriate box or boxes for abatement procedures, i.e. full containment, glovebag, tent, and/or DEP variance application.

Item 30: Complete the table with the necessary information. Specify the floor, description of the area, surfaces to be abated, amount of asbestos-containing material and a description of the work. List each area separately and attach additional sheets if necessary.

If additional sheets are required, use the [long version of the ACP7 form](#) available on DEP's Web site.

Item 31: Complete as specified. The name, signature, and date of the air monitor, asbestos contractor and applicant (if other than the owner) are required. Original signatures are required.

Item 32: To be completed by the building owner.

Any modification of information provided on the ACP7 form must be reported immediately in writing directly to the NYCDEP ACP.

The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

FILING FEE SCHEDULE

The NYC Department of Environmental Protection Asbestos Project Notification Asbestos Inspection Report must be completed and submitted to the New York City Department of Buildings or the NYC Department of Environmental Protection together with a filing fee in the following amounts:

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| 1. For work which will disturb more than 25 linear feet but less than 100 linear feet, or more than 10 square feet but less than 50 square feet | \$200 |
| 2. For work which will disturb at least 100 linear feet but less than 260 linear feet, or at least 50 square feet and less than 160 square feet | \$400 |
| 3. For work which will disturb at least 260 linear feet and less than 1000 linear feet, or at least 160 square feet and less than 1000 square feet. | \$800 |
| 4. For work which will disturb 1000 linear feet or more, or 1000 square feet or more | \$1200 |

NOTE: Only typewritten forms will be accepted. To facilitate this, you can fill out the form fields directly in Acrobat and print out the result.