



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5108

REGISTRATION FOR DEMOLITION

APPROVED REGISTRATION TO BE DISPLAYED IN THE VICINITY OF PREMISES BELOW

Steven W. Lawitts
Acting Commissioner

Robert C. Avaltroni
Deputy Commissioner

PREMISES ADDRESS: _____ (BOROUGH)

BUILDING OR STRUCTURE TYPE: _____ STORIES: _____

TOTAL FLOOR AREA: _____ SQ. FT STREET FRONTAGE: _____ FT. BUILDING FRONTAGE: _____ FT.

APPROXIMATELY HOW MANY DAYS AFTER RECEIVING APPROVAL FROM BOTH THE DEPARTMENT OF BUILDINGS AND THE DEPARTMENT OF ENVIRONMENTAL PROTECTION WOULD YOU ANTICIPATE STARTING DEMOLITION? _____

APPROXIMATELY HOW MANY DAYS / WEEKS / MONTHS DO YOU EXPECT TO BE DOING DEMOLITION? _____

BUILDING PERMIT # (IF AVAILABLE): _____ DATE ISSUED: _____

PROVIDE A COPY OF THE DEPARTMENT OF BUILDINGS DEMOLITION PERMIT WHEN RECEIVED.

DEMOLITION CONTRACTOR

NAME OF COMPANY: _____ TEL #: _____

ADDRESS: _____ (NUMBER) (STREET) (BOROUGH) (ZIP)

PERSON SUPERVISING DEMOLITION: _____ TITLE: _____

INDICATE PRECAUTIONS TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE: _____

METHOD OF DEMOLITION TO BE EMPLOYED: _____

WAS THIS AN ACP7 (ASBESTOS ABATEMENT) PROJECT?* YES NO

*IF YES, PROVIDE DATE WHEN PROJECT WAS COMPLETED: _____

IF NO, YOU MUST PROVIDE THE NAME OF THE ASBESTOS INVESTIGATOR WHO FILED YOUR ACP5 FORM.

ASBESTOS INVESTIGATOR: _____ CERTIFICATE #: _____

FIRM RESPONSIBLE FOR FILING DEMOLITION REGISTRATION

NAME OF COMPANY: _____

ADDRESS: _____ (NUMBER) (STREET) (BOROUGH) (ZIP)

NAME OF OWNER/AGENT OR OFFICER: _____ TEL. #: _____

TITLE: _____

SIGNATURE: _____ DATE SIGNED: _____
(Of Owner, Agent or Officer)

RETURN COMPLETED 2 PART (AR 299 & AR 300) REGISTRATION FORM TO:
THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL COMPLIANCE, 9TH FLOOR
59-17 JUNCTION BOULEVARD
FLUSHING, NY 11373-5108

FOR DEPARTMENT USE ONLY	
CERTIFICATE OF REGISTRATION #:	DR
DATE PROCESSED/APPROVED:	
APPROVED BY (EXAMINER):	



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BUILDING OR STRUCTURE TYPE: _____ STORIES: _____

TOTAL FLOOR AREA: _____ SQ. FT. STREET FRONTAGE: _____ FT. BUILDING FRONTAGE: _____ FT.

BUILDING PERMIT # (IF AVAILABLE): _____ DATE ISSUED: _____

DEMOLITION CONTRACTOR

NAME OF COMPANY: _____ TEL #: _____

ADDRESS: _____ (NUMBER) (STREET) (BOROUGH) (ZIP)

PERSON SUPERVISING DEMOLITION: _____ TITLE: _____

INDICATE PRECAUTIONS TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE: _____

METHOD OF DEMOLITION TO BE EMPLOYED: _____

INDICATE TYPE OF FILING SUBMITTED: ACP5 ACP7

FIRM RESPONSIBLE FOR FILING DEMOLITION REGISTRATION

NAME OF COMPANY: _____

ADDRESS _____ (NUMBER) (STREET) (BOROUGH) (ZIP)

NAME OF OWNER/AGENT OR OFFICER: _____ TEL. #: _____

TITLE: _____

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(Of Owner, Agent or Officer)

FOR DEPARTMENT USE ONLY	
CERTIFICATE OF REGISTRATION #:	DR
DATE PROCESSED/APPROVED:	
EXPIRATION DATE:	

For The Commissioner