



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Application for Registration
Demolition Package AR299 & AR300

PLEASE RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS.

I applied: Place: _____

Date: _____

WHAT TO SUBMIT WITH THESE FORMS:

1. Copy of NYC Department Of Buildings (DOB) Demolition Permit
2. Fee (Calculation fees are specified at the end of this instruction sheet)

WHERE TO SUBMIT THESE FORMS:

Please complete and submit these two forms (AR299 & AR300) in person or by mail to NYC Department of Environmental Protection, Bureau of Environmental Compliance, 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373.

YOU MUST FILL OUT THESE FORMS COMPLETELY.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

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|---|---|
| PREMISES ADDRESS: | ADDRESS OF BUILDING OR STRUCTURE TO BE DEMOLISHED. |
| BUILDING OR STRUCTURE TYPE: | TYPE OF MATERIAL OF WHICH BUILDING OR STRUCTURE IS CONSTRUCTED (e.g. BRICK, CONCRETE, ETC.). |
| STORIES: | TOTAL NUMBER OF STORIES WITHIN BUILDING OR STRUCTURE. |
| TOTAL FLOOR AREA: | TOTAL SQUARE FEET OF THE FLOOR AREA WITHIN BUILDING OR STRUCTURE. |
| STREET FRONTAGE: | MEASUREMENT IN FEET OF THE STREET FRONTAGE THAT THE BUILDING OR STRUCTURE OCCUPIES. IF THE BUILDING OR STRUCTURE HAS FRONTAGE ON MORE THAN ONE STREET, INDICATE THE LONGER FRONTAGE ONLY. |
| BUILDING FRONTAGE: | MEASUREMENT IN FEET OF THE ACTUAL FRONTAGE OF THE BUILDING OR STRUCTURE. |
| BUILDING PERMIT # (IF AVAILABLE): | IF YOU HAVE ALREADY RECEIVED A PERMIT FROM THE NYC DEPARTMENT OF BUILDINGS FOR THIS DEMOLITION, INDICATE THE PERMIT NUMBER. |
| PROVIDE A COPY OF THE DEPARTMENT OF BUILDINGS DEMOLITION PERMIT WHEN RECEIVED: | IF YOU HAVE ALREADY RECEIVED THE PERMIT, INCLUDE A COPY WITH YOUR SUBMISSION OF THIS REGISTRATION. IF YOU HAVE NOT YET RECEIVED THE PERMIT, YOU MUST SEND A COPY TO THE ADDRESS BELOW OR FAX A COPY TO (718) 595-3744. |
| DEMOLITION CONTRACTOR: | NAME OF COMPANY, TELEPHONE NUMBER AND COMPLETE ADDRESS OF DEMOLITION CONTRACTOR. ADDRESS MUST INCLUDE THE BOROUGH AND ZIP CODE. |
| PERSON SUPERVISING DEMOLITION: | NAME AND TITLE OF PERSON THAT WILL BE SUPERVISING THE DEMOLITION. |
| INDICATE PRECAUTIONS TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE: | PROVIDE DETAILED DESCRIPTION OF WHAT PRECAUTIONS WILL BE TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE (e.g. MATERIAL WILL BE WETTED WITH WATER PRIOR TO DISTURBANCE, ETC.). |
| METHOD OF DEMOLITION TO BE EMPLOYED: | PROVIDE DESCRIPTION OF HOW DEMOLITION WILL BE PERFORMED (e.g. USING HAND TOOLS, MECHANICAL MEANS, ETC.) AND WHAT TYPE OF EQUIPMENT WILL BE USED (e.g. HAND TOOLS, JACK HAMMERS, BOBCATS, ETC.). "YES" OR "NO" MUST BE INDICATED. |
| DOES STRUCTURE HAVE ASBESTOS-CONTAINING MATERIAL? | IF "YES", ALL ASBESTOS-CONTAINING MATERIAL MUST BE REMOVED PRIOR TO ANY DEMOLITION ACTIVITIES. REFER TO TITLE 15, CHAPTER 1 OF THE RULES OF THE CITY OF NEW YORK. A COPY IS AVAILABLE ON THE DEPARTMENT'S WEB SITE, WWW.NYC.GOV/DEP IF "NO", PROVIDE THE NAME OF THE ASBESTOS INSPECTOR WHO SUBMITTED YOUR ACP5 FORM. |
| FIRM RESPONSIBLE FOR FILING DEMOLITION REGISTRATION: | NAME OF COMPANY, COMPLETE ADDRESS, NAME OF THE OWNER/AGENT OR OFFICER AND THE OWNER/AGENT OR OFFICER'S TITLE. ADDRESS MUST INCLUDE THE BOROUGH AND ZIP CODE. SIGNATURE MUST BE THAT OF THE OWNER/AGENT OR OFFICER, REMEMBER TO INCLUDE THE DATE. |
| FEE: | COMPUTED BY MULTIPLYING THE STREET FRONTAGE IN FEET BY THE NUMBER OF STORIES OF THE BUILDING TIMES TWENTY-FIVE CENTS (\$0.25), PROVIDED THAT THE MINIMUM FEE SHALL NOT BE LESS THAN \$250.00. WHEREVER A BUILDING SHALL HAVE FRONTAGE ON MORE THAN ONE STREET, THE LONGER FRONTAGE SHALL BE USED IN THE COMPUTATION. |

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www.nyc.gov/dep or call 311



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

Application for Registration
 Demolition AR299

Premises

| | | | | | |
|----------|--------|-----------|-----------------------------|-----------------------|-------------------------|
| Address: | | Borough: | Building or Structure Type: | | Number of Stories: |
| City: | State: | Zip Code: | Total Floor Area (Sq Ft): | Street Frontage (Ft): | Building Frontage (Ft): |

Demolition

| | | | |
|---|---|--|--------------|
| Approximately, how many days after receiving approval from both the Department of Buildings (DOB) and the Department of Environmental Protection (DEP) do you anticipate starting demolition? | Approximately, how many days / weeks / months do you expect to be doing demolition? | Building Permit Number (if available): | Date Issued: |
| | | Is a copy of the DOB Demolition Permit being submitted with this Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If DOB Demolition Permit is NOT being submitted with this Registration, please submit a copy when received.</i> | |

Demolition Contractor

| | | | |
|--|--|------------|-----------|
| Name of Company: | | Telephone: | |
| Address: | | Borough: | Zip Code: |
| Name of Person Supervising Demolition: | | Title: | |

Demolition Procedures

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| Indicate precautions taken to prevent particulate matter from becoming airborne: |
| Method of demolition to be employed: |

Asbestos

| | | |
|---|--|-----------------------------|
| Was this an ACP7 (Asbestos Abatement) Project? | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| If Yes, please provide date when project was completed: | If No, please provide the name of the Asbestos Investigator who filed your ACP5 Form | |
| | Asbestos Investigator: | Certificate Number: |

Firm Responsible for Filing Demolition Registration

| | | | |
|-----------------------------------|--------|------------|-----------|
| Name of Company: | | Telephone: | |
| Address: | | Borough: | Zip Code: |
| Name of Owner / Agent or Officer: | Title: | Signature: | Date: |

FOR DEPARTMENT USE ONLY

| | | |
|-------------------------------------|----------------------------|-------------------------|
| Certificate of Registration Number: | Date Processed / Approved: | Approved by (Examiner): |
|-------------------------------------|----------------------------|-------------------------|



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

REGISTRATION FOR DEMOLITION AR300

APPROVED REGISTRATION MUST BE DISPLAYED IN THE VICINITY OF PREMISES BELOW

Premises

| | | | | | |
|----------|--------|-----------|-----------------------------|-----------------------|-------------------------|
| Address: | | Borough: | Building or Structure Type: | | Number of Stories: |
| City: | State: | Zip Code: | Total Floor Area (Sq Ft): | Street Frontage (Ft): | Building Frontage (Ft): |

Demolition

| | |
|--|--------------|
| Building Permit Number (if available): | Date Issued: |
|--|--------------|

Demolition Contractor

| | | | |
|--|--|------------|-----------|
| Name of Company: | | Telephone: | |
| Address: | | Borough: | Zip Code: |
| Name of Person Supervising Demolition: | | Title: | |

Demolition Procedures

| |
|--|
| Indicate precautions taken to prevent particulate matter from becoming airborne: |
| Method of demolition to be employed: |

Asbestos

| | |
|-----------------------------------|-------------------------------|
| Indicate Type of Filing Submitted | |
| <input type="checkbox"/> ACP5 | <input type="checkbox"/> ACP7 |

Firm Responsible for Filing Demolition Registration

| | | | |
|-----------------------------------|--------|------------|-----------|
| Name of Company: | | Telephone: | |
| Address: | | Borough: | Zip Code: |
| Name of Owner / Agent or Officer: | Title: | Signature: | Date: |

FOR DEPARTMENT USE ONLY

| | |
|-------------------------------------|----|
| Certificate of Registration Number: | DR |
| Date Processed / Approved: | |
| Expiration Date: | |

For The Commissioner