



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8<sup>th</sup> Floor, Corona, NY 11368-5107

Asbestos Variance Application

FOR OFFICIAL USE ONLY

Variance # \_\_\_\_\_

Fee Paid \_\_\_\_\_

Notification # \_\_\_\_\_

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

Application must be made at least 2 weeks prior to the start of work.

I. FACILITY

Address \_\_\_\_\_ Borough \_\_\_\_\_ Zip \_\_\_\_\_

II. APPLICANT

Name \_\_\_\_\_ Tel # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Capacity:  Contractor  Consultant  Owner  Other \_\_\_\_\_ Contact Person \_\_\_\_\_

III. SPECIFY ALL NYC DEP OR NYS DOL (ICR56) ASBESTOS RULE PROVISIONS FROM WHICH A VARIANCE IS REQUESTED

\_\_\_\_\_  
\_\_\_\_\_

SPECIFY FLOORS AND/OR AREAS WHERE WORK INVOLVING THIS VARIANCE IS TO OCCUR

\_\_\_\_\_  
\_\_\_\_\_

REASONS FOR REQUEST AND DESCRIPTION FOR PROPOSED ACTION (Attachment(s) shall be submitted in TRIPLICATE)

Explain why the procedures required by Title 15, Chapter 1 of the Rules of the City of New York (RCNY) and/or Part 56 of Title 12 of New York Codes, Rules and Regulations (Subparts 56-4 through 56-17) cannot be used. (Attach Additional Sheets)

State the alternative procedures that will be employed to satisfy each requirement as modified. (Attach Additional Sheets)

Provide color coded drawings identifying work area(s) and location of decontamination enclosure system(s).

IV. FEE SCHEDULE

Amount of ACM affected by this variance: \_\_\_\_\_ square feet + \_\_\_\_\_ linear feet = Total Amount of ACM \_\_\_\_\_ feet

	If total amount of ACM is less than 5000 feet:	If total amount of ACM is 5000 feet or more:
Seven day notification period waiver	\$300	\$400
First sub-section (per category)	\$400	\$600
Each additional sub-section (per category)	\$200	\$300
Maximum fee	\$1200	\$1800

See Section 1-03(e) of the NYCDEP Asbestos Rules for category definitions.

Enter applicable fee based on schedule above

Total Fees \$ \_\_\_\_\_

V. I hereby declare that the information provided herein and in any and all accompanying attachments is true and complete to the best of my knowledge. I understand that failure to comply with conditions set forth by the Department in an approval of the application shall render this variance null and void.

Print Name of Owner

Print Name of Applicant (If not owner)

Signature of Owner

Date

Signature of Applicant

Date

Work involving a variance may not commence prior to the receipt of the Department's approval of the application. Any violation of the terms of any variance issued pursuant to Title 15, Chapter 1 of the RCNY Section 1-03 is considered a violation of the lettered subdivision modified by the variance.

[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.