



Office of Environmental  
Remediation

# PROJECT SUBMITTAL COVER SHEET

E-DESIGNATION AND \*RESTRICTIVE DECLARATION PROGRAM

\*for recorded Restrictive Declarations only – post CEQR

## PROJECT TRACKING NUMBERS

- 1a. \_\_\_\_\_  
OTHER PROJECT NUMBER (10 CHARACTER TRACKING NUMBER)
- 1b. \_\_\_\_\_  
DEP NUMBER (FOR PROJECTS PREVIOUSLY REVIEWED BY NYCDEP)
- 1c. \_\_\_\_\_  
DEPARTMENT OF BUILDINGS JOB NUMBER(S)
- 1d. \_\_\_\_\_  
OTHER REFERENCE NUMBER(S) IF APPLICABLE  
(I.E. NYSDEC SPILL, BCP, ETC.)

## PROJECT LOCATION

INDICATE LOCATION OF PROJECT SITE. PROVIDE ALL ASSOCIATED TAX BLOCK AND LOT NUMBERS

- 2a. \_\_\_\_\_  
PROJECT NAME (IF APPLICABLE)
- 2b. \_\_\_\_\_  
STREET ADDRESS(S)
- \_\_\_\_\_
- CITY STATE ZIP
- 2c. \_\_\_\_\_  
TAX BLOCK AND LOT NUMBER(S) BOROUGH COMMUNITY DISTRICT

## REVIEW TYPE

INDICATE THE REVIEW REQUIRED FOR THE SUBMITTED DOCUMENTS

3. TYPE OF ENVIRONMENTAL REVIEW (CHECK ALL THAT APPLY)
- E-DESIGNATION
- HAZARDOUS MATERIALS
- AIR QUALITY
- WINDOW/WALL NOISE ATTENUATION
- E-DESIGNATION NUMBER (EX: E-175) \_\_\_\_\_
- RESTRICTIVE DECLARATION
- CITY REGISTER FILE NUMBER (CRFN) \_\_\_\_\_
- RECORDING DATE \_\_\_\_\_

## DOCUMENTS SUBMITTED

4.  CERTIFIED ARCHITECTURAL/ENGINEER PLANS
- CERTIFIED PROJECT DESCRIPTION
- PHASE I ENVIRONMENTAL SITE ASSESSMENT (PH I)
- PHASE II SUBSURFACE INVESTIGATION WORK PLAN (PH II)
- PHASE II HEALTH AND SAFETY PLAN (HASP)
- PHASE II SUBSURFACE INVESTIGATION REPORT (PH II REPORT)
- REMEDIAL ACTION PLAN (RAP)
- CONSTRUCTION HEALTH AND SAFETY PLAN (CHASP)
- CERTIFIED REMEDIAL CLOSURE REPORT
- CERTIFIED AIR QUALITY SPECIFICATIONS
- CERTIFIED WINDOW SPECIFICATIONS/ALTERNATE VENTILATION MEANS
- CERTIFIED INSTALLATION REPORT
- OTHER \_\_\_\_\_

## PROJECT DESCRIPTION

AS PER ARCHITECT / ENGINEER OF RECORD

5. PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED PROJECT AS PER THE ARCHITECT / ENGINEER OF RECORD. THE DESCRIPTION SHOULD INCLUDE, AT A MINIMUM, THE TYPE OF ALTERATION OR NEW DEVELOPMENT/EXPANSION BEING PERFORMED, EXTENT OF GROUND/SOIL DISTURBANCE, PROPOSED GRADE-LEVEL OPEN SPACES AREAS NOT CAPPED WITH CONCRETE OR ASPHALT, ETC.

**CONTACT INFORMATION**  
PROVIDE ALL APPLICABLE CONTACT INFORMATION

**6a. PRIMARY APPLICANT INFORMATION**

COMPANY TYPE (CONSULTANT, ARCHITECT, ENGINEER, ETC.)

COMPANY NAME

CONTACT PERSON

ADDRESS

CITY STATE ZIP

TELEPHONE FAX

EMAIL ADDRESS

**6b. OTHER CONTACT INFORMATION**

COMPANY TYPE (CONSULTANT, ARCHITECT, ENGINEER, ETC.)

COMPANY NAME

CONTACT PERSON

ADDRESS

CITY STATE ZIP

TELEPHONE FAX

EMAIL ADDRESS

**PROFESSIONAL CERTIFICATION**

FOR PROJECT ELEMENTS REQUIRING CERTIFICATION BY A NEW YORK STATE LICENSED PROFESSIONAL ENGINEER (PE) OR REGISTERED ARCHITECT (RA)

**7a. I HEREBY CERTIFY THAT THE FOLLOWING STAMP AND SIGNATURE REPRESENT THE ORIGINAL STAMP AND SIGNATURE IMAGES INCLUDED IN THE DIGITAL MATERIALS SUBMITTED FOR THE AFOREMENTIONED PROJECT SITE.**

PREPARER NAME STAMP HERE:

PREPARER TITLE

PREPARER SIGNATURE

DATE

**7b. I HEREBY CERTIFY THAT THE FOLLOWING STAMP AND SIGNATURE REPRESENT THE ORIGINAL STAMP AND SIGNATURE IMAGES INCLUDED IN THE DIGITAL MATERIALS SUBMITTED FOR THE AFOREMENTIONED PROJECT SITE.**

PREPARER NAME STAMP HERE:

PREPARER TITLE

PREPARER SIGNATURE

DATE

**SUBMISSIONS**  
WHERE TO SEND

SEND DIGITAL PROJECT SUBMITTALS ALONG WITH COVER SHEET TO:

*Mayor's Office of Environmental Remediation  
E-Designation Program  
c/o Dan Cole, Bureau Chief  
100 Gold Street, 2nd Floor  
New York, NY 10038*

THIS COMPLETED COVER SHEET SHOULD BE SUBMITTED VIA HARD COPY AS WELL AS DIGITALLY. OER RESERVES 30 DAYS FOR REVIEW OF ALL SUBMISSIONS. FOR QUESTIONS REGARDING THE E-DESIGNATION PROGRAM OR A PROJECT SUBMISSION, EMAIL US AT [EDESIGNATION@DEP.NYC.GOV](mailto:EDESIGNATION@DEP.NYC.GOV) OR CALL US AT 212-788-8841.