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NYC 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. _____ OER 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 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 DECLARTION

CITY REGISTER FILE NUMBER (CRFN): _____

RECORDING DATE: _____

DOCUMENTS SUBMITTED

4.

- ☐ CERTIFIED ARCHITECTURAL/ENGINEER PLANS
- ☐ CERTIFIED PROJECT DESCRIPTION
- ☐ PHASE I ENVIRONMENTAL SITE ASSESSMENT (PHI)
- ☐ PHASE II SUBSURFACE INVESTIGATION WORK PLAN (PHII)
- ☐ 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 ALTERNATION OR NEW DEVELOPMENT/EXPANSION BEING PERFORMED, EXTENT OF GROUND/SOIL DISTURBANCE, PROPOSED GRADE-LEVEL OPEN SPACE 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

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

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 OR CALL US AT 212-788-8841.