



THE CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev 10/2024

Bureau of Environmental Compliance  
59-17 Junction Boulevard, 9<sup>th</sup> Floor, Flushing, New York 11373 - Records Control (718) 595-3855

ENTRY #:

# ALTERNATIVE NOISE MITIGATION PLAN (ANMP)

## UNDUE HARDSHIP AFTER HOURS CONSTRUCTION WORK AUTHORIZATION

### **MUST PRINT AND POST ON WORKSITE**

**YOU MUST OBTAIN AN AFTER HOUR VARIANCE FROM DOB / DOT FOR YOUR AFTER-HOUR CONSTRUCTION WORK. IF SUCH APPROVAL IS NOT GRANTED, DEP WILL RESCIND YOUR ANMP**

In accordance with Section 24-223(e)(5) of the New York City Administrative Code, Agencies may authorize after hours work if the commissioner certifies that the permit holder has substantiated a claim of undue hardship resulting from unique site characteristics, unforeseen conditions, scheduling commitments and/or financial considerations outside the control of the permit holder and that the applicant has received approval from the department of an alternative noise mitigation plan pursuant to section 24-221 of this subchapter, specifying the activities and devices that will be used for such after-hours construction and setting forth the additional mitigation measures, above and beyond those measures otherwise required for such devices and activities pursuant to the department's rules, that the applicant will use to significantly limit noise emissions from the site of such after-hours work. Applications for such certification shall be submitted to the department in a form and manner to be set forth in the rules of the department. The applicant for an after-hours authorization under this paragraph shall submit such certification to the issuing agency.

### PROJECT LOCATION

WORK SITE LOCATION ADDRESS		ZIP	BOROUGH	BLOCK	LOT	
Anticipated Date Project Start:	Noise Mitigation Plan Completion Date:	ALTERNATIVE Noise Mitigation Plan Completion Date:		Duration of the ENTIRE Project in:		
				YEARS	MONTHS	DAYS
<b>HAVE YOU SUBMITTED A CONSTRUCTION NOISE MITIGATION PLAN?</b> (You must submit a Construction Noise Mitigation Plan before submitting this alternative plan) <input type="checkbox"/> YES <input type="checkbox"/> NO / Submission Date: _____		<b>CHECK IF</b>	<input type="checkbox"/> Residential Property <input type="checkbox"/> Commercial Property <input type="checkbox"/> City/State Project <input type="checkbox"/> Hospital <input type="checkbox"/> School <input type="checkbox"/> Other			
NYCDOB PERMIT NUMBER(s) _____ NYCDOB PERMIT NUMBER(s) _____			Name of property selected above: _____			

### CONTACT INFORMATION

GENERAL CONTRACTOR COMPANY NAME		PROJECT MANAGER		EMAIL	
BUSINESS ADDRESS		CITY	STATE	ZIP	PHONE NUMBER

### SUBCONTRACTOR(S) AND/OR COMPANY EXPECTED TO PERFORM WORK IF AUTHORIZATION APPLICATION IS APPROVED

COMPANY NAME (1)				COMPANY NAME (2)			
BUSINESS ADDRESS	CITY	STATE	ZIP	BUSINESS ADDRESS	CITY	STATE	ZIP
SITE MANAGER / PERSON IN CHARGE		EMAIL:		SITE MANAGER / PERSON IN CHARGE		EMAIL	

### UNDUE HARDSHIP CLAIM BASED ON (SELECT ALL THAT APPLY):

<input type="checkbox"/> LOCATION OR UNIQUE CHARACTERISTICS OF THE SITE OR OF THE CONSTRUCTION DEVICES	<input type="checkbox"/> UNFORESEEN CONDITIONS RESULTING IN SIGNIFICANT CONSTRUCTION DELAYS	<input type="checkbox"/> SCHEDULING COMMITMENTS	<input type="checkbox"/> INCREASED EXPENDITURES OUTSIDE THE CONTROL OF THE PERMIT HOLDER
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PROVIDE ANY ADDITIONAL DOCUMENTATION THAT SUPPORTS THE BOX YOU SELECTED ABOVE

### UNDUE HARDSHIP DEMONSTRATION

FOR EACH UNDUE HARDSHIP CLAIM, PROVIDE A DETAILED EXPLANATION OF THE HARDSHIP. DESCRIBE IN DETAIL THE CIRCUMSTANCES THAT PREVENT THIS WORK FROM BEING DONE DURING PERMITTED CONSTRUCTION WORK HOURS

If additional space is needed, please attach a separate sheet with the information and indicate in the space above that additional information is attached. Be sure to include the work site address

DAYS AND TIME OF AFTER HOUR WORK THAT IS BEING REQUESTED

DAY	START TIME	END TIME

## CONSTRUCTION INFORMATION

Please list all **DEVICES** and/or **ACTIVITIES** for this after-hour work

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## NOISE MITIGATION INFORMATION

In the box below, describe all additional noise mitigation measures to be included that are above and beyond those measures otherwise required to be implemented. If necessary, attach diagrams showing site and closest receptors. Identify receptors as "R" for residential, "C" for commercial, "S" for sensitive (school, hospital, etc.) and include additional documentation if necessary. Please explain in detail how these measures will help achieve allowable dBA level at 50 feet.

*If additional space is needed, please attach a separate sheet with the information and indicate in the space above that additional information is attached. Be sure to include the work site address*

I \_\_\_\_\_ hereby affirm under penalty of perjury that the information provided herein and in any and all accompanying attachments is true and complete to the best of my knowledge and that this form shall or has been posted at the works site forthwith.

Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

## ALL FORMS MUST BE AVAILABLE AND DISPLAYED AT THE WORKSITE

### DEP USE ONLY

UNDUE HARDSHIP CLAIM

☐ APPROVED ☐ DISAPPROVED

ALTERNATIVE NOISE MITIGATION PLAN

☐ APPROVED ☐ DISAPPROVED

*Notes / Instructions:*

MONDAY TO FRIDAY:

SATURDAY:

SUNDAY:

Signature of the Agency Head or Designated Representative

DATE

ALLOWABLE DECIBEL LEVEL AT 50 FEET:

EXPIRATION DATE: