



**THE CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**REGISTRATION OF DEMOLITION**

**FORMS MUST BE FILLED OUT IN ENGLISH**

**Please Note:  
This form replaces  
AR299 & AR300**

**WHAT TO SUBMIT WITH THESE FORMS:**

Minimum Fee of \$250 (Calculation fees are specified at the end of this instruction sheet)

**WHERE TO SUBMIT THESE FORMS:**

Please complete and submit this form along with the fee by mail to NYC Department of Environmental Protection, Bureau of Environmental Compliance, 59-17 Junction Boulevard, 9<sup>th</sup> Floor, Flushing, New York 11373.

**FILL OUT THIS FORM COMPLETELY TYPED.**

INCOMPLETE FORM WILL NOT BE ACCEPTED

<b>1. PREMISES ADDRESS:</b>	ADDRESS OF BUILDING OR STRUCTURE TO BE DEMOLISHED, INCLUDE BOROUGH, CITY, STATE, AND ZIP.
<b>2. BUILDING OR STRUCTURE TYPE:</b>	TYPE OF MATERIAL OF WHICH BUILDING OR STRUCTURE IS CONSTRUCTED (e.g. BRICK, CONCRETE, ETC.).
<b>3. STORIES:</b>	TOTAL NUMBER OF STORIES WITHIN BUILDING OR STRUCTURE.
<b>4. TOTAL FLOOR AREA:</b>	TOTAL SQUARE FEET OF THE FLOOR AREA WITHIN BUILDING OR STRUCTURE.
<b>5. STREET FRONTAGE:</b>	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.
<b>6. BUILDING FRONTAGE:</b>	MEASUREMENT IN FEET OF THE ACTUAL FRONTAGE OF THE BUILDING OR STRUCTURE.
<b>7. DEMOLITION TIMELINE</b>	ESTIMATED DEMOLITION START AND END DATE
<b>7a. DURATION OF DEMOLITION</b>	EXPECTED LENGTH OF TIME OF THE DEMOLITION PROJECT [I.E. 2 DAYS, 3 WEEKS, ONE MONTH].
<b>8. &amp; 8a. BUILDING PERMIT # (IF AVAILABLE) AND DATE ISSUED:</b>	IF YOU HAVE ALREADY RECEIVED A PERMIT FROM THE NYC DEPARTMENT OF BUILDINGS [DOB] FOR THIS DEMOLITION, INDICATE THE PERMIT NUMBER AND THE DATE THE PERMIT WAS ISSUED.
<b>9. DEMOLITION CONTRACTOR:</b>	NAME OF COMPANY, TELEPHONE NUMBER AND COMPLETE ADDRESS OF DEMOLITION CONTRACTOR. ADDRESS MUST INCLUDE THE BOROUGH AND ZIP CODE.
<b>10. &amp; 10a, 10b PERSON SUPERVISING DEMOLITION:</b>	NAME, TITLE AND EMAIL OF PERSON THAT WILL BE SUPERVISING THE DEMOLITION.
<b>11. INDICATE PRECAUTIONS TAKEN TO PREVENT PARTICULATE MATTER FROM BECOMING AIRBORNE:</b>	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.).
<b>12. METHOD OF DEMOLITION TO BE EMPLOYED:</b>	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.).
<b>13. DOES STRUCTURE HAVE ASBESTOS-CONTAINING MATERIAL?</b>	"YES" OR "NO" MUST BE INDICATED.
<b>13a. IF YES:</b>	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, <a href="http://WWW.NYC.GOV/DEP">WWW.NYC.GOV/DEP</a>
<b>13b. &amp; 13c. IF NO:</b>	IF "NO", PROVIDE THE NAME AND CERTIFICATE NUMBER OF THE ASBESTOS INSPECTOR WHO SUBMITTED YOUR ACP5 FORM.
<b>14. FIRM RESPONSIBLE FOR FILING DEMOLITION REGISTRATION:</b>	NAME OF COMPANY, TELEPHONE NUMBER, 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 AND EMAIL MUST BE THAT OF THE OWNER/AGENT OR OFFICER, REMEMBER TO INCLUDE THE DATE AND QUANTITY OF FEE THAT IS INCLUDED WITH THE FORM.

**DEMOLITION FEE INFORMATION:** 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.

**NOISE MITIGATION PLAN:** You are allowed to conduct construction on your property between 7am and 6pm on weekdays. At all other times, including anytime on the weekends, you must apply for after-hours authorization. Any person or business doing construction in the city must develop a Construction Noise Mitigation Plan before the start of construction or renovation. You will need to check off that you have a Construction Noise Mitigation Plan in your Department of Buildings application for a construction permit. If you are seeking an after-hours construction permit with the Department of Buildings or Department of Transportation (also known as a variance), you must have your Construction Noise Mitigation plan already in place. Forms may be filed at <https://www.nyc.gov/site/dep/environment/construction-noise-rules-regulations.page>

**PLEASE NOTE: ISSUED REGISTRATION WILL BE EMAILED TO CONTRACTOR AND APPLICANT.**

**FOR INFORMATION, QUESTIONS, AND INQUIRIES:** Please email [Airpermit@dep.nyc.gov](mailto:Airpermit@dep.nyc.gov)



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 Flushing, New York 11373

## REGISTRATION FOR DEMOLITION

**APPROVED REGISTRATION MUST BE DISPLAYED IN THE VICINITY OF PREMISES BELOW**

### Premises

1. Address:			2. Building or Structure Type:		3. Number of Stories:
City:	State:	Zip Code:	4. Total Floor Area (Sq Ft):	5. Street Frontage (Ft):	6. Building Frontage (Ft):

### Demolition

7. Estimated Demolition Start Date:	Estimated Completion Date:	7a. Approximately how many days / weeks / months do you expect to be doing demolition?			
8. Building Permit Number:				8a. Date Issued (if available):	

### Demolition Contractor

9. Name of Company:			Telephone:		
Address:			City:	State:	Zip Code:
10. Name of Person Supervising Demolition:		10a. Title:	10b. Email:		

### Demolition Procedures

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

### Asbestos

<b>13. Was this an ACP7 (Asbestos Abatement) Project?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> No
13a. If Yes, provide date when project was completed:		If No, provide the name of the Asbestos Investigator who filed your ACP5 Form		
		13b. Asbestos Investigator:	13c. Certificate Number:	

### Firm Responsible for Filing Demolition Registration

14. Name of Company:		Email:		Fee Quantity:	
Address:		City:	State:	Zip Code:	Telephone:
I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief and that the project will be in accordance with the requirements of the Air Pollution Control Code, Chapter 1 Of Title 24, New York City Administrative Code, and appropriate requirements of other federal, state and local agencies including but not limited to the federal government EPA, NYS Dept. Of Environmental Conservation, NYS Department of Labor Board Of Standards And Appeals, Fire Department of NY, and NYC Department Of Buildings. I further affirm that all statements on this form are true and accurate and that I understand that false statements are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.					
Name of Owner / Agent or Officer:		Title:	Signature:		Date:

### FOR DEPARTMENT USE ONLY

Registration Number:	Date Issued:	Approved By:
	Expiration Date:	