FOR OFFICIAL USE ONLY

1. _____ NYC Buildings Dept. Application #

ACP 5 Fee $_____

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ONL TYPEWRITTEN FORMS WILL BE ACCEPTED

NOT AN ASBESTOS PROJECT

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDEP requires one copy of the form with original signature and seal.

2. Facility Address 92 -94 Warren Street Borough Manhattan Zip 10007

AKA _____ 3. Block 137 4. Lot 13

5. Building Owner Buchbinder and Warren, LLC (Manager) Tel. # (212) 243-6722

6. Address One Union Square West State NY Zip 10003

7. Contact Person Ms. Diana Madden 8. Tel. # (212) 243-6722

9. Description of the Entire Scope of Work
Renovation of 6 floors of open loft.

10. Est. Start Date 12/1/02 ☐ As soon as permit approved Est. Completion Date 12/1/04 of the Entire Scope of Work.

11. I, Timothy Donohoe (Name of Certified Asbestos Investigator), have conducted an asbestos investigation on 3/19/02 (Date) in accordance with Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
- ☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
- ☐ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
- ☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM
- ☑ e. normally non-friable ACM shall be disturbed/removed. Specify amount: 6,500 square feet
- ☐ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: _____ square feet _____ linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICR56.*

12. **RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:**

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES	ASBESTOS PRESENT NO	ASSUMED ACM
Basemen	None	none	0		✔	
1st Floor	Entire	Vinyl Floor tile	0	✔		✔
2nd Floor	Entire	Vinyl Floor tile	0	✔		✔
3rd Floor	Entire	Vinyl Floor tile	0	✔		✔
4th Floor	Entire	Vinyl Floor tile	0	✔		✔
5th Floor	Entire	Dust	3		✔	
Roof	Entire	Roofing materials	0	✔		✔

13. Analytical Laboratory EMSL Analytical Labs

14. ELAP # 11506 (NYS DOH CERTIFICATION) 15. Date(s) Samples Analyzed 3/24/02

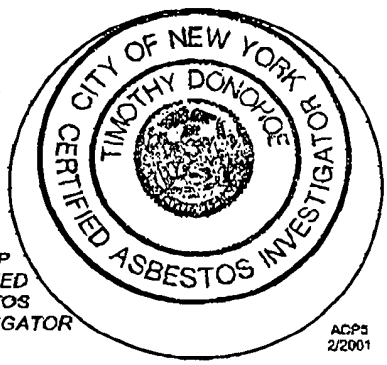
16. **I hereby declare the information provided herein is true and complete.**

NYC DEP Certified Asbestos Investigator's Signature	Certificate Number	Date	Daytime Telephone Number
Timothy Donohoe	87952	3/26/02	(212) 260-9818

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDEP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR



ACP5 2/2001