FOR OFFICIAL USE ONLY

1. _____ NYC Buildings Dept. Application #

ACP 5 Fee $_____

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED

www.nyc.gov/dep

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

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

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 120 Liberty Street Borough Manhattan Zip 10006

AKA 125 Cedar Street 3. Block 52 4. Lot 21

5. Building Owner 120 Liberty Street LLC Tel. # (718) 830-0131

6. Address 120 Liberty Street State NY Zip 10006

7. Contact Person Angela Ciccone 8. Tel. # (718) 830-0131

9. Description of the Entire Scope of Work

Replacement of the boiler

10. Est. Start Date _____ ☑ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.

11. I, Jorge Gajer (Name of Certified Asbestos Investigator), have conducted an asbestos investigation on 11/12/03 (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: _____ 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
cellar	Boiler room	visible surfaces	0		✔	

13. Analytical Laboratory N/A

14. ELAP # N/A (NYS DOH CERTIFICATION) 15. Date(s) Samples Analyzed _____

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

_____ (NYC DEP Certified Asbestos Investigator's Signature) 94654 (Certificate Number) 11/12/03 (Date) (718) 756-6205 (Daytime Telephone Number)

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 ICR 56, are not permitted in New York City.

SEAL OF THE NYC DEP CERTIFIED ASBESTOS INVESTIGATOR

CITY OF NEW YORK JORGE GAJER CERTIFIED ASBESTOS INVESTIGATOR

ACP5 2/2001