

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT AMENDMENT FORM
 FOR FORM ACP 7

FOR OFFICIAL USE ONLY

Fee (if any) \$

Amendment 2002A-2017

Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 0908MN02 Facility Address 30 WEST BROADWAY Borough N.Y Zip 10007

Date ACP7 was filed 6/17/02 Variance # (If any) _____

Was this ACP7 amended before? ☒ Yes ☐ No If yes, specify date _____

Original Start Date 6/24/02 Original Completion Date 7/30/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
 Only the building owner may amend items IV and V.
 The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name Fiber Control 13. Contact Person TONY COSTA
 14. Federal Employer ID. # PII 15. Tel. # (516) 781-3009 Fax # (516) 781-3085
 16. Address 3010 Burns Avenue City WANTAEH State N.Y Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN PANZER ENGINEERS, PC 18. Contact Person Michael Nolan
 19. Federal Employer ID. # _____ 20. Tel. # (212) 922-0077 Fax # (212) 922-0630
 21. Address 228 E. 4th St City N.Y State N.Y Zip 10017
 22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/22/02 Projected completion date 8/30/02 ☐ Project Cancelled ☐ Project Postponed

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 10,000 Square Feet and/or Linear Feet
 Reduction in the amount of ACM to be disturbed during this work _____ Square Feet and/or Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)
☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above Lease facade (EAST SIDE) + 7 CRANES
 (For each floor list ACM quantity and type)

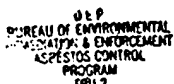
31/32. Name of Applicant / Owner Alphonso Plumtree Tel. # (718) 595-3682
 Name of Company (If any) MICDEP Fax # _____

Address _____ City _____ State _____ Zip _____

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

Signature of Applicant / Owner

Date



ACP 8
2/2001

ONLY
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FORMS WILL BE
ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107
ASBESTOS PROJECT AMENDMENT FORM
FOR FORM ACP 7

FOR OFFICIAL USE ONLY

Fee (if any) \$ _____

Amendment 2002A-2018

Information Only: ☐ Yes ☐ No

A modification is valid only if it is received by the NYCDEP prior to the previously filed date of completion, except for start date changes that must be received by the original start date.

ACP7 TRU/BN# 1285MND2 Facility Address 20 BROAD STREET Borough M.N. Zip 10004

Date ACP7 was filed 8/09/02 Variance # (if any) _____

Was this ACP7 amended before? ☐ Yes ☒ No If yes, specify date _____

Original Start Date 8/9/02 Original Completion Date 9/9/02 from ACP 7, #24.

PLEASE ENTER THE INFORMATION THAT IS BEING CHANGED:

A notification may be modified no more than twice.
 Only the building owner may amend items IV and V.
 The original applicant or building owner may amend all other items.

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name _____ 13. Contact Person _____

14. Federal Employer ID. # _____ 15. Tel. # _____ Fax # _____

16. Address _____ City _____ State _____ Zip _____

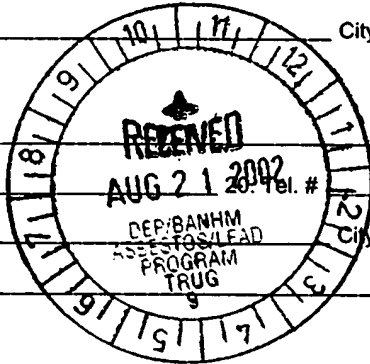
V. THIRD PARTY AIR MONITOR

17. Name _____ 18. Contact Person _____

19. Federal Employer ID. # _____ 20. Tel. # _____ Fax # _____

21. Address _____ City _____ State _____ Zip _____

22. Sample Analysis Laboratory _____ 23. NYS DOH ELAP # _____



VI. PROJECT INFORMATION

24. Starting date for this portion of work _____ Projected completion date _____ ☐ Project Cancelled ☐ Project Postponed

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm If other, specify _____

25. Additional asbestos-containing material to be disturbed during this work 400 Square Feet, and/or _____ Linear Feet

Reduction in the amount of ACM to be disturbed during this work _____ Square Feet, and/or _____ Linear Feet

29. Abatement Procedure for Additional Material (Check all appropriate boxes)

☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

Other Changes _____

30. Locations of abatement modified by above Item No. 8: FACADE - LOUVERS AT 28th FLOOR ROOF
 (For each floor list ACM quantity and type)

31/32. Name of Applicant / Owner _____ Tel. # _____

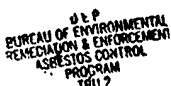
Name of Company (If any) _____ Fax # _____

Address _____ City _____ State _____ Zip _____

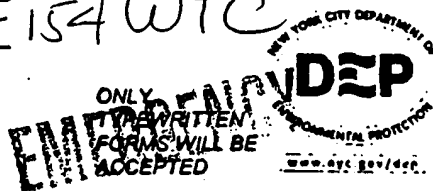
I hereby declare that the information provided herein is true and complete.

[Signature]
 Signature of Applicant / Owner

8/21/02
 Date



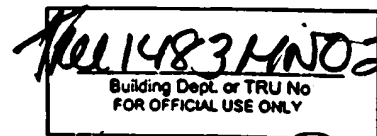
E154 WTC



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)



1. NYC DEP
(See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 22 WARREN STREET Borough N.Y. Zip 10007
AKA _____ 3. Block 135 4. Lot 10
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 22 WARREN GROUP LLC 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 331 MADISON AVE City N.Y. State N.Y. Zip 10017

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EKT 45TH STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/13/02 Projected completion date 10/13/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

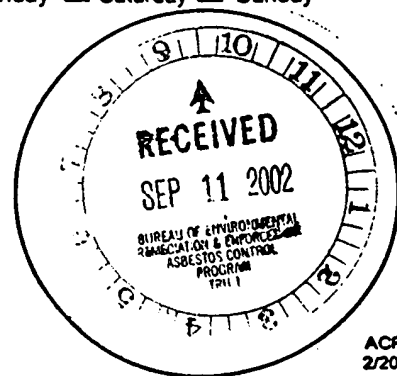
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other, specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

4750 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

BUREAU OF ENVIRONMENTAL
REMIEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
T111

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
 e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

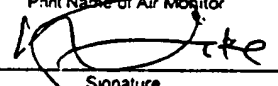
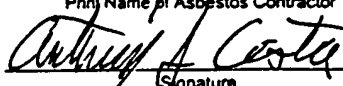
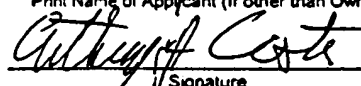
29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM		DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
			SQUARE FEET	LINEAR FEET	
Roof	(ASPHALT)		2500		
Facade			2250		

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

<u>BOSUN OGUINAKI</u> Print Name of Air Monitor  Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor  Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner)  Signature <u>6-3-02</u> Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Alfonso Plungetre Anthony Costa 9/10/02
Print Name of Owner Signature Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

1114824N02
Building Dept. or TRU No
FOR OFFICIAL USE ONLY

1. NYC DEP
(See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 123 WILLIAM STREET Borough N.Y. Zip 10038
AKA _____ 3. Block 78 4. Lot 4
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name WILLIAM ST ASSOCIATES 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 1200 UNION TPKE City NEW HYDE PARK State N.Y. Zip 11040

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45th STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, INC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/13/02 Projected completion date 10/13/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

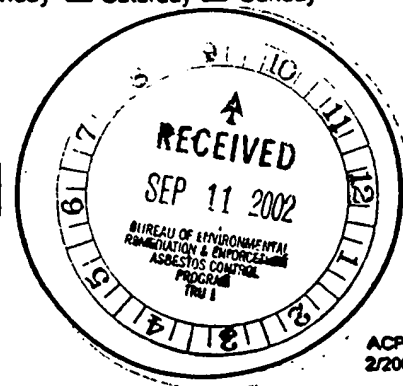
If other,
specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

44,200 Square Feet, and/or _____ Linear Feet

NYC
BUREAU OF ENVIRONMENTAL
REMEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
16117



ACP 7
2/2001

E152WTC

NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU 14814NO
Building Dept. or TRU No
FOR OFFICIAL USE ONLY
1. NYC DEP
(See fee schedule)

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED
www.nyc.gov/dep

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 55 JOHN STREET Borough N.Y. Zip 10038
AKA 4-12 DUTCH STREET 3. Block 78 4. Lot 4
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name WILLIAMS ST ASSOCIATES 8. Contact Person _____
9. Tel. # _____ Fax # _____
10. Address 1200 Union TPKE City New Hyde Park State N.Y. Zip 11040

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person Tony Costa
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTASH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45th STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 9/14/02 Projected completion date 10/14/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

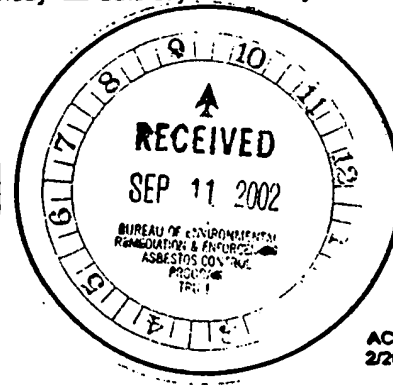
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

37,125 Square Feet, and/or _____ Linear Feet



ACP:
2/200

BUREAU OF ENVIRONMENTAL
REGULATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
10/17

L E136WTC

EMERGENCY
ALL REQUESTS WILL BE
ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, COBOL NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
(ASBESTOS INSPECTION REPORT)

TRU1353MND2
Building Dept. or TRU No
FOR OFFICIAL USE ONLY
1. NYCDEP
(See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 47 Murray Street Borough N.Y. Zip 10007
AKA _____ 3. Block 133 4. Lot 8
5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 47 Murray St Associates 8. Contact Person Mr. Jones
9. Tel. # _____ Fax # _____
10. Address 47 Murray St City N.Y. State N.Y. Zip 10007

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person Tony Costa
14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
16. Address 3010 BURNS AVE City WANTAGH State NY Zip 11793

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
21. Address 228 EAST 45th STREET City NEW YORK State NY Zip 10017
22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, Inc 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/26/02 Projected completion date 9/26/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

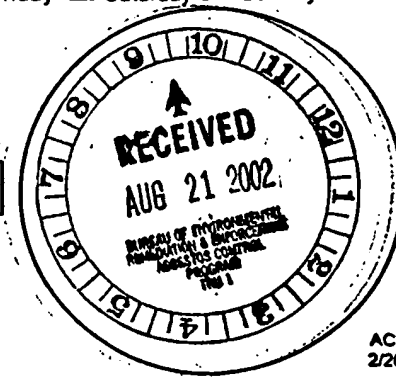
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

4250 Square Feet, and/or _____ Linear Feet



ACP 7
2/2001

DEP
BUREAU OF ENVIRONMENTAL
REMIEDIATION & ENFORCEMENT
ASBESTOS CONTROL
PROGRAM
16117

E133 WTC
 8-11-02
 ALL WRITTEN
 REQUESTS WILL BE
 ACCEPTED



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Asbestos Control Program
 59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107

ASBESTOS PROJECT NOTIFICATION
 (ASBESTOS INSPECTION REPORT)

File 1302MN06
 Building Dept. or TRU No.
 FOR OFFICIAL USE ONLY
 1. NYL DEP
 (See fee schedule)

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signatures are required. Submittal at the NYCDEP requires one copy of the form with original signatures. This form must be submitted to the NYC DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

2. Address 200 CHURCH STREET Borough N.Y. Zip _____
 AKA 127 DUANE ST / 50-52 THOMAS ST 3. Block 147 4. Lot 28
 5. Type of Facility _____ 6. Name of Building _____

II. BUILDING OWNER

7. Name 200 CHURCH ST ASSOCIATES LLC 8. Contact Person _____
 9. Tel. # _____ Fax # _____
 10. Address 1407 Broadway City N.Y. State N.Y. Zip 10018

III. GENERAL CONTRACTOR

11. Name _____ Tel. # _____

IV. ASBESTOS ABATEMENT CONTRACTOR

12. Name FIBER CONTROL 13. Contact Person TONY COSTA
 14. Federal Employer ID. # PII 15. Tel. # 516-781-3000 Fax # 516-781-3085
 16. Address 3010 BURNS AVE City WANTASH State NY Zip 11293

V. THIRD PARTY AIR MONITOR

17. Name WARREN & PANZER ENGINEERS, PC 18. Contact Person MICHAEL NOLAN
 19. Federal Employer ID. # _____ 20. Tel. # 212-922-0077 Fax # 212-922-0630
 21. Address 228 EKT 45th STREET City NEW YORK State NY Zip 10017
 22. Sample Analysis Laboratory SCIENTIFIC LABORATORIES, LLC 23. NYS DOH ELAP # 11480

VI. PROJECT INFORMATION

24. Starting date for this portion of work 8/16/02 Projected completion date 9/16/02

Asbestos work schedule ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

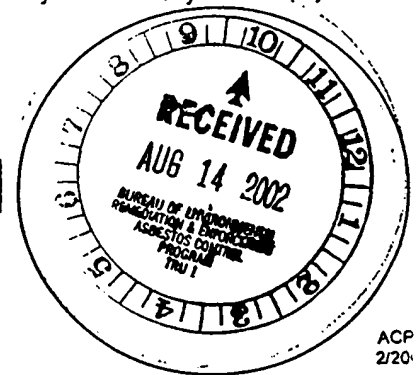
Shift from: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm

If other,
 specify _____

Access to inspect the premises must be provided during the work schedule indicated in this item.

25. Total amount of asbestos-containing material to be abated during this work

21,875 Square Feet, and/or _____ Linear Feet



ACP
 2/20

NYC
 BUREAU OF ENVIRONMENTAL
 REMEDIATION & ENFORCEMENT
 ASBESTOS CONTROL
 PROGRAM
 10/12

ASBESTOS INSPECTION REPORT (continued)

26. Asbestos Hauler LOGANO NYS DEC Permit # CT-098 Tel. # 800-272-3867
 Disposal Site(s) SOUTHERN ALLEGHENIES, VALLEY LANDFILL

27. This asbestos abatement is part of a (Item a through e requires filing of this form with NYC Department of Buildings)

- a) ☐ Demolition b) ☐ Boiler Replacement c) ☐ Sprinkler Replacement d) ☐ Renovation/Alteration
 e) ☐ Fireproofing Replacement f) ☐ Other (Describe) _____

28. TYPE OF ABATEMENT (Check all appropriate boxes)

- ☐ Removal ☐ Enclosure ☐ Encapsulation ☐ Repair ☐ Clean up

29. ABATEMENT PROCEDURE (Check all appropriate boxes)

- ☐ Full Containment ☐ Glovebag ☐ Tent ☐ DEP Variance Application

30. LOCATIONS OF ABATEMENT

Tree 13024NO2

Floor(s)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	AFFECTED SURFACES CONTAINING ACM (e.g. Pipe lagging, ceiling, plenum ducts, storage tanks, decking, etc.)	AMOUNT OF ACM SQUARE FEET LINEAR FEET	DESCRIPTION OF WORK BEING PERFORMED (e.g. running cable, installing fire sprinklers, removing and replacing boilers, etc.)
<u>Roof</u>	<u>ASPHALT</u>		<u>8750</u>	
<u>Facade</u>	<u>(Front)</u>		<u>13,125</u>	

31. I hereby declare that the information provided herein is true and complete to the best of my knowledge. I am familiar with Federal, State and NYC laws and regulations applicable to asbestos related work.

<u>BOSUN OGUANAKE</u> Print Name of Air Monitor <u>[Signature]</u> Signature <u>06-03-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Asbestos Contractor <u>[Signature]</u> Signature <u>6-3-02</u> Date	<u>ANTHONY COSTA</u> Print Name of Applicant (If other than Owner) <u>[Signature]</u> Signature <u>6-3-02</u> Date
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32. I understand that as the owner of a building where asbestos abatement activity occurs, I am responsible for the performance of the asbestos abatement activities in accordance with the Asbestos Control Program Rules. I have contracted the third party air monitor who is completely independent of all parties involved in the asbestos project. I hereby declare that I have authorized the filing of this notification for the work specified herein.

Alphonse Plungetre [Signature] 8/13/02
 Print Name of Owner Signature Date

A STAMPED COPY OF THIS FORM INCLUDING AMENDMENTS MUST BE AVAILABLE AT THE WORK SITE.

Any modification of information provided on this form must be reported immediately in writing directly to the NYC DEP ACP.

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.