



THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

PHONE (718) 595-4418
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Bureau of
Air, Noise, & Hazardous
Materials

**ASBESTOS CONTROL PROGRAM TECHNICAL REVIEW UNIT
ACP-7 CORRECTION FORM**

PREMISES ADDRESS 114 LIBERTY STREET.

BOROUGH MANHATTAN ZIP CODE 10006

CORRECT START DATE _____ CORRECT COMPLETION DATE _____

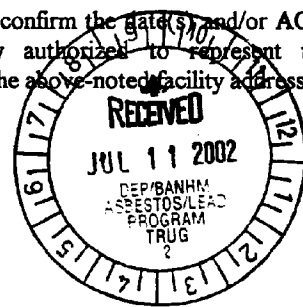
CORRECT ACM QUANTITY: _____ SQUARE FEET, AND/OR _____ LINEAR FEET

Correct Method Of Abatement: _____

Confirmation Of Change(s) Of Date(s) and/ACM Quantity As Noted Above

The undersigned affirms that she/he has been instructed verbally to change or confirm the date(s) and/or ACM quantity, by Ms./Mr. STEVENSON, who is duly authorized to represent the organization/agency/company/corporation stated in the form ACP-7 regarding the above-noted facility address to be the (Please check one box only):

- ☐ Asbestos Abatement Contractor ☐ Building Owner
☐ Applicant for the asbestos project.



The Undersigned Is Employed by

LACEN CONTRACTING CORP

Organization/ Agency/ Company/ Corporation

Address
30-51 14TH STR

Telephone # _____
[Redacted] _____

Print Name
GEORGE KOTSONIS

Signature
[Signature]

TRU N4 8/96

59-17 Junction Boulevard, 11th Floor, Corona, New York 11368-5107

