

ONLY  
TYPEWRITTEN  
FORMS WILL BE  
ACCEPTED



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

**ASBESTOS PROJECT AMENDMENT FORM**  
**FOR FORM ACP 7**

FOR OFFICIAL USE ONLY

Fee (if any) \$ \_\_\_\_\_

Amendment \_\_\_\_\_

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# \_\_\_\_\_ Facility Address \_\_\_\_\_ Borough \_\_\_\_\_ Zip \_\_\_\_\_

Date ACP7 was filed \_\_\_\_\_ Variance # (If any) \_\_\_\_\_

Was this ACP7 amended before?  Yes  No If yes, specify date \_\_\_\_\_

Original Start Date \_\_\_\_\_ Original Completion Date \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_  
(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 of Applicant /Owner

\_\_\_\_\_  
Date

[Click here](#) if you wish to obtain a voter registration form. Government services are not conditioned on being registered to vote. A voter registration form can also be obtained at <http://nyc.gov/html/misc/html/register.html>, or by calling (212) 868-3692.