



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 \_\_\_\_\_

Information Only: [ ] Yes [ ] No

ONLY
TYPEWRITTEN
FORMS WILL BE
ACCEPTED

www.nyc.gov/dep

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

[ ] Project Cancelled

[ ] Project Postponed

24. Starting date for this portion of work \_\_\_\_\_ Projected completion date \_\_\_\_\_

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.