Asbestos Project Notification

Who must provide asbestos project notification
If the asbestos removal project is:
• located within New York State
• involves more than 260 linear feet or 160 square feet of asbestos or asbestos-containing material in a building
you must notify the Asbestos Control Board before starting work on the removal, encapsulation, enclosure or disturbance of friable asbestos, or before handling material containing asbestos that may result in the release of asbestos fiber.

When to file a notification
You must send a new notification and project fee if any of the following occur:
• A different contractor becomes responsible for the project (excluding sub-contractors)
• The location of the project changes
• The completion date on the initial notification has passed and no amendment has been filed

For a postponed project with an unknown starting date, you must file an amendment within the period specified above. Once a starting date is determined, you must file another amendment at least 3 calendar days prior to that date.

If any of the information contained in the previous notification changes, you must send an amended Asbestos Project Notification form. If the amount of asbestos increases, you must send an additional fee with the amended notification.

How to file a notification
• Send the completed, signed form to:
  New York State Department of Labor
  Division of Safety and Health, Asbestos Project Notification
  Building 12, Room 161B
  State Office Campus
  Albany, NY 12240
• Keep a copy for your records
• Include a check or money order, payable to the Commissioner of Labor, for the fee due based on the project size as shown in item 19. The notification is not complete until the non-refundable fee is received by the Department of Labor.

For additional information see Part 56, Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (12 NYCRR Part 56). You can see a copy on line at www.labor.ny.gov.

SH 483 (08/11)
New York State Department of Labor
Asbestos Project Notification
Building 12, Room 161B
State Office Campus
Albany, NY 12240

A. Type of notification

Check only one type of notification below.

☐ Initial Complete all sections. We must receive this notification and fee at least 10 days before the project starts.

☐ Renewal Complete all sections. Submit with fee within the last 30 days of a project that will extend beyond 12 months.

☐ Amended Submit amended notification with all sections completed and amended item(s) circled.

☐ Cancelled Complete Section G and attach copy of initial notification or complete all sections.

☐ Emergency You must first call 518-485-9263 for prior approval of emergency status, then complete and return this form including:

   Emergency reference # __ __ __ __ __ __ __ __

B. Contractor information

Provide all information requested below.

1. FEIN ☐ -- ☐ ☐ ☐ ☐ ☐ ☐ ☐ 2. Asbestos license number __________________

3. Contractor name and address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Mailing address (if different)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. Workers’ Compensation Policy #____________________ or WC Exemption Certificate #____________________

Number of your employees you expect to be on project: _____________

NOTE: If you intend to have employees at the site, you must have proper workers’ compensation before the start of the project.

Will temporary workers be used? ☐ Yes ☐ No. If yes, name of temporary agency: ___________________

C. Project site information

Provide all information requested below for the building/site where the asbestos project will be conducted.

6. Project dates: Starting date _______________________ Completion date ____________________________

If amended: Starting date _______________________ Completion date ____________________________

7. Project location: County _____________________________________________________________________

Name of building _____________________________________________

Room or other specific location ___________________________________________

Bridge Projects only. Bridge ID Number: __ __ __ __ __ __

Street address _____________________________________________

City, Town or Village _____________________________________________ State ___________ Zip Code _______________

8. Building information

Current use _____________________________________________ Year built ____________________________

Prior use _____________________________________________ Building size ______________________ sq. ft.

Is this a Federal building? ☐ No ☐ Yes
9. Building representative/site contact: Name __________________________ Phone number (____) ____________

Supply all of the information requested below about the specifics of asbestos removal.

10. Is this a phased project? ☐ No ☐ Yes

If yes, list scope, location and start and end dates for each phase below. If there are more than 4 phases, please use Section F to continue.

<table>
<thead>
<tr>
<th>Start date</th>
<th>End date</th>
<th>Location</th>
<th>Scope</th>
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10. Will sub-contractor(s) be used: ☐ No ☐ Yes (If yes, complete lines below.)

Name __________________________________________________ Asbestos Lic. No._______________________
Name __________________________________________________ Asbestos Lic. No._______________________

11. Do you anticipate doing: ☐ Night work ☐ Weekend work ☐ Shift work

Days/hours ________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

12. The party you are doing the work for: Name ____________________________________________

Address __________________________________________

City, Town or Village _______________________________

State _____________________ Zip Code _______________

13. Dollar amount of contract between parties named in Item 3 and Item 12. $ __________________

14. If work is being conducted under a variance, check appropriate box and supply variance number.

Note: Forms AV 86 through AV 120 can no longer be used. Please refer to Part 56 of Title 12 of the

☐ Applicable variance number: ____________ ☐ Individual variance petition number: ____________

15. Procedures and type of equipment and ventilation system used (attach more sheets, if necessary.)

a) Type of equipment and ventilation systems used: ___________________________________________

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

b) Name of air monitoring firm: _______________________________________________________

Asbestos license number: ______________________

c) Name of laboratory performing the analysis: ____________________________________________

ELAP Registration number: ______________________
16. Type of asbestos work (check all that apply)

- Pipe related
- Roofing/flashing
- Caulking/Mastic
- Clean up
- Vessel covering
- Siding
- VAT
- Sprayed on insulation
- Other (specify) ______________________________________________________________________________

Demolition: if site survey was previously submitted, provide the reference: ______________________

17. Waste transporter name: _____________________________________________________________________

NYS DEC permit number: ______________________________________________________________

Address: _____________________________________________________________________________

City, Town or Village: __________________________________________________________________

State: __________________________________ or Province: ________________________________

Zip Code: _______________________________

Phone number: _____________________________

18. Waste disposal site

Name _______________________________________________________________________________

Address: _____________________________________________________________________________

City, Town or Village: __________________________________________________________________

State: __________________________________ or Province: ________________________________

Zip Code: _______________________________

Phone number: _____________________________

19. Type and amount of asbestos-containing material involved

<table>
<thead>
<tr>
<th>Friable linear feet</th>
<th>Friable square feet</th>
<th>Non-Friable linear feet +</th>
<th>Non-Friable square feet +</th>
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Total linear feet = ________________

Total square feet = ________________

E. Fee schedule

This fee is non-refundable. Refer to Item 19 to calculate your required fees.

Check one box for linear feet and one box for square feet.

20. Fee schedule:  

a) Linear feet  

- 0 – 259 $0  
- 260 – 429 ($200)  
- 430 – 824 ($400)  
- 825 – 1649 ($1,000)  
- 1650 or more ($2,000)  

b) Square feet  

- 0 – 159 $0  
- 160 – 259 ($200)  
- 260 – 499 ($400)  
- 500 – 999 ($1,000)  
- 1000 or more ($2,000)  

21. Total fee due for project $ ____________________________ (add 20a and 20b)
F. Remarks

Use this area to provide details. Attach more sheets, if necessary.

G. Signature

I certify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirements of Code Rule 56. (no cosigns or stamps)

_____________________________  ________________________
Signature of the Contractor or Duly Authorized Representative  Date

_____________________________  ________________________
Print name of the Contractor or Duly Authorized Representative  Date