

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 _____

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.