

Asbestos Project Notification

To file an 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.

		Method of notifying		
		Written	Phone	
Type of Notification	Initial	At least 10 calendar days prior to project start date	Does not apply	
	Renewal	Within the last 30 days of a project that will extend beyond 12 months	Does not apply	
	Amended	Postponed	At least 3 calendar days prior to new start date and at least 1 calendar day prior to initial notification start date	At least 1 calendar day prior to initial notification start date
		Cancelled	At least 1 calendar day prior to initial notification start date	At least 1 calendar day prior to initial notification start date
	Note: Amended phone notification requires written follow-up within 5 working days. You cannot change the completion date beyond one year from the start date.			
Emergency	Within 3 working days of telephone notification and approval of emergency status by the Asbestos Control Bureau	As emergency situation arises		

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.

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.

Start date	End date	Location	Scope
___ / ___ / ___	___ / ___ / ___		
___ / ___ / ___	___ / ___ / ___		
___ / ___ / ___	___ / ___ / ___		
___ / ___ / ___	___ / ___ / ___		

11. Will sub-contractor(s) be used: No Yes (If yes, complete lines below.)

Name: _____ Asbestos Lic. No. _____

Name: _____ Asbestos Lic. No. _____

12. Do you anticipate doing: Night work Weekend work Shift work

Days/hours:

13. The party you are doing the work for

Name: _____

Address: _____

City, Town or Village: _____ State: _____ Zip code: _____

14. Dollar amount of contract between parties named in Item 3 and Item 13. \$ _____

15. 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 Official Compilation of Codes, Rules and Regulations of the State of New York (12 NYCRR Part 56).

Applicable variance number: _____ Individual variance petition number: _____

16. 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: _____

17. Type of asbestos work (check all that apply)

Pipe related	Roofing/flashings	Caulking/Mastic	Clean up
Vessel covering	Siding	VAT	Sprayed on insulation
Other (specify): _____			

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

18. Waste transporter name: _____

NYS DEC permit number: _____

Address: _____

City, Town or Village: _____ State: _____ or Province: _____

Zip code: _____ Phone number: (____) ____ - _____

19. Waste disposal site

Name: _____

Address: _____

City, Town or Village: _____ State: _____ or Province: _____

Zip code: _____ Phone number: (____) ____ - _____

20. Type and amount of asbestos-containing material involved

Friable linear feet _____	Friable square feet _____
Non-Friable linear feet + _____	Non-Friable square feet + _____
Total linear feet = _____	Total square feet _____

E. Fee schedule

This fee is non-refundable. Refer to Item 20 to calculate your required fees.
 Check one box for linear feet and one box for square feet.

21. Fee schedule:	a) Linear feet	b) Square feet
	0 – 259.....(\$0)	0 – 159.....(\$0)
	260 – 429.....(\$200)	160 – 259.....(\$200)
	430 – 824.....(\$400)	260 – 499.....(\$400)
	825 – 1649.....(\$1,000)	500 – 999.....(\$1,000)
	1650 or more.....(\$2,000)	1000 or more.....(\$2,000)

22. Total fee due for project \$: _____ (add 21a and 21b)

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