



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS VARIANCE APPLICATION

I. FACILITY

Address _____ Borough _____ Zip _____

II. OWNER

Name _____ Tel# _____

Address _____ City _____ State _____ Zip _____

III. SPECIFY ALL NYC DEP OR NYS DOL (ICR56) ASBESTOS RULE PROVISIONS FROM WHICH A VARIANCE IS REQUESTED

SPECIFY FLOORS AND/OR AREAS WHERE WORK INVOLVING THIS VARIANCE IS TO OCCUR

REASONS FOR REQUEST AND DESCRIPTION FOR PROPOSED ACTION (Attachment(s) shall be submitted in TRIPLICATE)
Explain why the procedures required by Title 15, Chapter 1 of the Rules of the City of New York (RCNY) and/or Part 56 of Title 12 of New York Codes, Rules and Regulations (Subparts 56-4 through 56-17) cannot be used. (Attach Additional Sheets)
State the alternative procedures that will be employed to satisfy each requirement modified. (Attach Additional Sheets)
Provide color coded drawings identifying work area(s) and location of decontamination enclosure system(s).

IV. FEE SCHEDULE

Amount of ACM affected by this variance: _____ square feet + _____ linear feet = Total Amount of ACM _____ feet

Table with 3 columns: Category, Fee (less than 5000 feet), Fee (5000 feet or more). Rows include First sub-section, Each additional sub-section, and Maximum fee.

See Section 1-03(e) of the NYCDEP Asbestos Rules for category definitions.

Enter applicable fee based on schedule above

Total Fees _____

Note: If you change ACM through amendment, then variance fee might change

Certification

I am currently certified as a Project Designer by the New York State Department of Labor. I certify that the information provided herein and in any and all accompanying attachments is true and complete to the best of my knowledge. I understand that failure to comply with conditions set forth by the Department in an approval of the application shall render this variance null and void.

Project Designer name _____ Certification Number _____ Expiration date _____

Project Designer's company name: _____

Address _____ City _____ State _____ Zip _____

Tel# _____ Fax# _____ Email _____

Project Designer Signature _____

Date _____

Print Name of Owner _____

Signature of Owner _____

Date _____

Work involving a variance may not commence prior to the receipt of the Department's approval of the application. Any violation of the terms of any variance issued pursuant to Title 15, Chapter 1 of the RCNY Section 1-03 is considered a violation of the lettered subdivision modified by the variance.

Table with 3 columns: TRU #, VAR #, Fee

V. VARIANCE DETAILS

Floor	Section of Floor	Type of Asbestos Containing Material	Amount of ACM		Rule Provision
			Square Feet	Linear Feet	

TRU #	VAR #	Fee