



Petition for an Asbestos Variance

To apply for an asbestos variance the Project Designer must:

- Complete all of the information on pages one and two of this asbestos variance request. Please type or print.
- Sign and date page two of the certification and all of the attachments.
- Send two copies of the petition and all attachments, with your \$350 fee, to the address at the top of this page.
 - Make your check or money order payable to the Commissioner of Labor.
- Optional: To speed up the process you may include a self-addressed, stamped, express-mail envelope.

1a. **Is this petition related to a safety or health emergency?** Yes No

b. If yes, explain: _____

2a. **Name of Petitioner**, (Property Owner): _____

b. Street Address: _____

c. City: _____ d. State: _____ e. Zip: _____

f. Telephone Number: () - g. Fax Number: () -

h. Petitioner's Federal Employee Identification Number (FEIN) _____

3a. **Petitioner's Agent (Asbestos Contractor) Firm Name:** _____

b. Street Address: _____

c. City: _____ d. State: _____ e. Zip: _____

f. Telephone Number: () - g. Fax Number: () -

4a. Asbestos Contractor License No. _____ b. Name of Firm: _____

5. Building Description:

a. Affecting premises known as: _____

b. These premises are situated on the _____ North, _____ South, _____ East, _____ West side of _____ Street, _____ Ave, _____ Road.

c. County of _____

d. Street Address: _____

e. City _____ f. State: _____ g. Zip _____

h. Is building occupied? Yes No

i. Current function of building: _____

j. Approximate area (square feet) of building: _____ k. Number of stories or height in feet: _____

l. What is within 25 feet of all four sides (North, South, East, West) of building? i.e. sidewalk, alley, land, another building, etc.: _____

6. Order To Comply or Notice of Violation. Attach copy.

a. Issued to: Owner Asbestos Contractor Operator Other

b. Name on Order or Notice: _____ c. Date issued: ____/____/____

d. List the Industrial Code Rule (ICR) citations given on the Order to Comply or Notice of Violation: _____

7. If a variance has been granted previously for work closely resembling this project list:

a. Variance number: _____ b. Date variance granted: ____/____/____

Note: Add a separate typed or printed page for each work area and work procedure. Sign and date each page.

8. **Work Area Description Table:** Attach additional tables and scale drawings of work area and pictures, as needed.

Work Area Designation	Exterior or Interior	Work/Room Area Dimensions	Type of Asbestos Containing Material (ACM)	Quantity of ACM	Condition of ACM (level of damage)	Friability of ACM (non-friable or friable)	Type of Containment (full, 2-layer tent, single layer tent, open-air, etc.)

9. **ICR 56 Relief Sought:** List the individual sections of ICR 56 for which relief is sought, for each work area or method used. Provide sufficient detail in an attachment. _____

10. **Hardship Description:** What is the hardship, (e.g. Limited room for decons, exhaust ducts must be longer than 25 feet, all surfaces are contaminated and cannot be plasticized) for each work area or method used? Provide sufficient detail in an attachment. Include condemnation letter or EPA Approval letter if applicable. _____

11. **Proposed Abatement Method Description for each work area or method used.** Include scale drawings and pictures as necessary. Lack of sufficient detail will delay issuance of variance decision.

- a. Will proposed abatement methods render non-friable ACM material friable? ____ Yes ____ No
- b. What proposed abatement method, increased engineering controls and detailed procedures will be used to compensate for the relief being sought? (i.e. Increased negative air rate, negative pressure glovebag, negative pressure glovebox, high temperature glovebag, intact component removal, etc.) Include sufficiently detailed procedures to complete the proposed work. _____

Project Designer Certification

I request that the Commissioner of Labor issue a variance from the requirements of Industrial Code Rule (ICR) 56. This request is based on the information in this application and the attached documents.

I certify that the information contained in this petition is true and accurate.

- I understand that if a variance is granted it may be withdrawn by the Commissioner:
- if any of the information provided in this petition is found to be inaccurate or
 - if there are violations of Article 30 of the New York State Labor Law or New York State regulations.

I give the Commissioner of Labor permission to provide all of my companies records for Unemployment Insurance (U.I.) reports and contributions to employees of the New York State Department of Labor. This includes information about withholding, wage reporting, U.I. returns, U.I. registration, New Hires, and all records of U.I. delinquencies. This information may only be used for government purposes regarding the licensing and certification of this company as required by Article 30 of the New York State Labor Law and the regulations of the New York State Department of Labor, and for monitoring the company's compliance with Article 30 and ICR 56.

- 12 a. Project designer name (print): _____
- b. Project Design Asbestos Contractor firm name: _____
- c. Street: _____
- d. City: _____ e. State: ____ f. Zip: _____ g. Phone: () -
- h. Designer certificate number: _____ i. Expiration Date: ____/____/____
- j. Design Firm Asbestos Contractor License Number _____ k. Expiration Date: ____/____/____
- 13 a. Project designer signature: _____ b. Date: ____/____/____