Filing 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.

<table>
<thead>
<tr>
<th>Method of notifying</th>
<th>Written notification</th>
<th>Telephone notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>At least 10 calendar days prior to project start date</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Renewal</td>
<td>Within the last 30 days of a project that will extend beyond 12 months</td>
<td>Does not apply</td>
</tr>
<tr>
<td>Postponed</td>
<td>At least 3 calendar days prior to new start date and at least 1 calendar day prior to initial notification start date</td>
<td>At least 1 calendar day prior to initial notification start date</td>
</tr>
<tr>
<td>Amended</td>
<td>At least 1 calendar day prior to initial notification start date</td>
<td>At least 1 calendar day prior to initial notification start date</td>
</tr>
</tbody>
</table>

Note: Amended telephone 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

A new notification and project fee must be sent 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, an amendment must be filed within the period specified above. Once a starting date is determined, another amendment must be filed at least 3 calendar days prior to that date.

If any of the information contained in the previous notification changes, an amended Asbestos Project Notification form must be sent. If the amount of asbestos increases an additional fee must be sent in 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
- You must include the fee with the notification.
- 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.state.ny.us.
## A. Type of notification

Check only one type of notification below.

- **Initial**: Complete all sections. The Department of Labor 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)
   - ___________________________________________
   - ___________________________________________
   - ___________________________________________
   - ___________________________________________

## C. Project site information

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

5. **Project dates**
   - Starting date _______________________ Completion date _______________________
   - If amended: Starting date _______________________ Completion date _______________________

6. **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 _______________

7. **Building information**
   - Current use ___________________________ Year built ___________________________
   - Prior use ___________________________ Building size __________________________ sq. ft.
   - Is this a Federal building? □ No □ Yes

8. **Building representative/site contact**
   - Name ___________________________ Phone number (___) ____________

SH 483 (04-09)
D. Project details

Provide all of the information requested below relating to specifics of asbestos removal.

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

   If yes, list scope, location and starting 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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<tbody>
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</tbody>
</table>

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 additional 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/flashimg
- [ ] 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>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Friable linear feet</td>
<td>Non-Friable square feet</td>
</tr>
<tr>
<td>Total linear feet</td>
<td>Total square feet</td>
</tr>
</tbody>
</table>

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 additional information. Attach additional 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