

SAMPLE



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

ASBESTOS PROJECT CONDITIONAL COMPLETION FORM- ACP20

TRU # _____

Premise Address _____ Borough _____ Zip _____

DEP Asbestos Control Program is in receipt of the following document(s)

- Project Monitor's Report
- A-TR1 form filed by Registered Design Professional

Based on the above submitted documentation the Department is issuing the

- Project Conditional Completion Form (entire project)
Associated DOB job number(s): _____
- Project Conditional Completion Form for floors: _____
Associated DOB job number(s): _____

DEP hereby acknowledges that it has received the above documentation required for the completion of this project. Please note that the issuance of this Form is not a certification that the asbestos project was performed in accordance with the DEP Asbestos Rules (15 RCNY Chapter 1) or the building is free of asbestos containing material.

Date:

Signature _____

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