



NOTICE OF NO OBJECTION APPLICATION

E-Designation And *Restrictive Declaration Program

*for recorded Restrictive Declarations only – post CEQR

SUBMISSIONS

WHAT TO SEND
WHERE TO SEND

Notices of No Objection (NNOs) are available for projects involving minor alterations that do not trigger a Hazardous Materials, Air Quality, or Noise review by OER. For new buildings or conversions to residential or office uses, please submit OER's New Project Submittal Form instead.

All documents and plans must be submitted to OER in digital format (PDF) on a CD. Please send a hard copy of this form and a CD with a digital copy of this form and P.E./R.A.-certified project plans to:

**Mayor's Office of Environmental Remediation
E-Designation Program
c/o Maurizio Bertini, Assistant Director
100 Gold Street, 2nd Floor
New York, NY 10038**

Hand deliveries should go to 1 Centre Street (Mail Room), New York, NY 10007.

Please do not submit a fee payment with this NNO application. A fee notice will be issued once OER has determined that a NNO is warranted. OER reserves 30 days for review of all submissions.

For questions regarding the E-designation Program or a project submission, email us at edesignation@dep.nyc.gov or call us at (212) 788-8841.

PROPERTY INFORMATION

INDICATE LOCATION OF SITE.
PROVIDE ALL ASSOCIATED
TAX BLOCK AND LOT
NUMBERS

1a. _____
OER PROJECT NUMBER (10 CHARACTER TRACKING NUMBER IN FORMAT ##XXXX##X) – EXISTING PROJECTS ONLY

1b. _____
PRIMARY PROPERTY STREET ADDRESS

1c. _____
ALTERNATE ADDRESS(ES) AND/OR PROJECT NAME

1d. _____
TAX BLOCK AND LOT NUMBER(S) BOROUGH COMMUNITY DISTRICT

1e. _____
CITY STATE ZIP

1f. _____
OTHER REFERENCE NUMBERS) IF APPLICABLE (E.G. NYSDEC SPILL, NYS BCP, NYC DEPTECH, ETC.)

DOB JOB NUMBERS

PLEASE INDICATE WHICH
DOB JOB NUMBERS ARE
INCLUDED IN YOUR NNO
APPLICATION. A DOB JOB
NUMBER IS REQUIRED FOR
ISSUANCE OF NOTICES TO
DOB.

IF ADDITIONAL SPACE IS
NEEDED, ATTACH A TABLE
OF DOB JOB NUMBERS, JOB
TYPES, AND THE JOB
DESCRIPTIONS AS LISTED IN
THE DOB'S BUILDING
INFORMATION SYSTEM (BIS).

2a. _____

DOB JOB NUMBER	JOB TYPE (e.g. A2)	JOB DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E-DESIGNATION AND/OR RESTRICTIVE DECLARATION

TO DETERMINE IF THE
PROPERTY HAS AN E-
DESIGNATION OR
RESTRICTIVE DECLARATION,
PLEASE VISIT:
<http://www.nyc.gov/html/dcp/pdf/zone/appendixc.pdf>

3. DOES THE PROPERTY HAVE AN E-DESIGNATION AND/OR RESTRICTIVE DECLARATION?

E-DESIGNATION NUMBER (EX: E-175) _____

HAZARDOUS MATERIALS

AIR QUALITY

WINDOW/WALL NOISE ATTENUATION

RESTRICTIVE DECLARATION NUMBER (EX: R-16) _____

PROJECT QUESTIONNAIRE

AS PER ARCHITECT / ENGINEER OF RECORD

PLEASE CHECK ALL THAT APPLY.

- 4a. The proposed work involves disturbance of underlying soils or the existing foundation.
- 4b. The proposed work involves HVAC, hot water systems, and/or combustion exhaust stacks.
- 4c. The proposed work involves altering/ replacing windows or façade.
- 4d. The proposed work involves a change of use.
- 4f. The proposed work does not involve any of the above work or a change of use.

PROJECT DESCRIPTION

AS PER ARCHITECT / ENGINEER OF RECORD

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PE/RA-CERTIFIED PROJECT DESCRIPTION LETTER.

- 5. PLEASE PROVIDE THE JOB DESCRIPTION FOR EACH JOB NUMBER AS IT APPEARS IN THE NYCDOB BIS SYSTEM. PLEASE ALSO INCLUDE THE CURRENT USE OF THE PROPERTY AND ANY OTHER RELEVANT DETAILS. PLEASE ALSO INCLUDE EXPLANATIONS FOR EACH BOX CHECKED IN SECTION 4 – PROJECT QUESTIONNAIRE QUESTIONS 4A – 4D. IF QUESTION 4A IS CHECKED, PLEASE INCLUDE THE AREAS TO BE DISTURBED AND THE APPROXIMATE VOLUME/TONNAGE OF SOIL TO BE EXCAVATED.

CONTACT INFORMATION

PROVIDE ALL APPLICABLE CONTACT INFORMATION

6a. PRIMARY APPLICANT INFORMATION

6b. OTHER CONTACT INFORMATION

COMPANY TYPE (CONSULTANT, ENGINEER, ETC.)

COMPANY TYPE (CONSULTANT, ENGINEER, ETC.)

COMPANY NAME

COMPANY NAME

CONTACT PERSON

CONTACT PERSON

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE FAX

TELEPHONE FAX

EMAIL ADDRESS

EMAIL ADDRESS

PROFESSIONAL CERTIFICATION

NNO APPLICATIONS SHOULD BE SIGNED AND STAMPED BY THE PE/RA OF RECORD FOR THE PROJECT.

- 7a. I HEREBY CERTIFY THAT INFORMATION PROVIDED ON THIS FORM AND ITS ATTACHMENTS IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE FOLLOWING STAMP AND SIGNATURE REPRESENT THE ORIGINAL STAMP AND SIGNATURE IMAGES INCLUDED IN THE DIGITAL MATERIALS SUBMITTED FOR THE AFOREMENTIONED PROJECT SITE.

STAMP HERE:

PREPARER NAME

PREPARER TITLE

PREPARER SIGNATURE

DATE