REQUEST FOR REVIEW OF CAPITAL ABATEMENT PROJECT DESIGN

1. DATE OF REQUEST

2. a. MUNICIPALITY OR POLITICAL SUBDIVISION SUBMITTING PROJECT DESIGN
   b. F.E.I.N.

3. a. AGENCY OF MUNICIPALITY OR POLITICAL SUBDIVISION MAKING REQUEST
   b. F.E.I.N.

4. NAME OF FACILITY OR PREMISES ISSUED VIOLATIONS/RECOMMENDATIONS

5. COUNTY

   If the Premises cited is in RENTED SPACE, contact the Secretary to the Board at the number listed below.

6. ADDRESS OF FACILITY OR PREMISES ISSUED VIOLATIONS/RECOMMENDATIONS

7. ADMINISTRATIVE OFFICER OR AGENCY CHIEF EXECUTIVE
   a. Name and Title
   b. Street Address
   c. City, State and Zip Code
   d. Telephone Number
      Area Code (        )
   e. Signature

8. AGENCY FISCAL OFFICER
   a. Name and Title
   b. Street Address
   c. City, State and Zip Code
   d. Telephone Number
      Area Code (        )
   e. Signature

In addition to furnishing the above information, please attach the following material in duplicate:

1. A copy of the “Notice of Violation and Order to Comply”, or the Hazard Abatement Recommendation issued to the facility or premises named above.

2. A brief statement of how the proposed project design will abate the hazards for which the violations or recommendations were issued, and the estimated cost of the project design, if known.

3. Plans, blueprints or sketches, detailed specifications and other technical data which describes the proposed project design. (All plans, blueprints or sketches submitted must have the New York State registrant seal and signature of the architect or professional engineer who prepared them.) This material will be retained by the Hazard Abatement Board.

The completed Request form and all attachments must be submitted in duplicate; both copies of the Request form must contain original signatures. Forward all material to the: Occupational Safety and Health Hazard Abatement Board, Bldg. 12, Room 436, State Office Bldg. Campus, Albany, NY 12240; Telephone: (518) 457-7629.

FOR OFFICE USE ONLY

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