



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Rev 10/2024

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373 - Records Control (718) 595-3855

ENTRY #:
9097

ALTERNATIVE NOISE MITIGATION PLAN (ANMP)
UNDUE HARDSHIP AFTER HOURS CONSTRUCTION WORK AUTHORIZATION

MUST PRINT AND POST ON WORKSITE

YOU MUST OBTAIN AN AFTER HOUR VARIANCE FROM DOB / DOT FOR YOUR AFTER-HOUR CONSTRUCTION WORK. IF SUCH APPROVAL IS NOT GRANTED, DEP WILL RESCIND YOUR ANMP

In accordance with Section 24-223(e)(5) of the New York City Administrative Code, Agencies may authorize after hours work if the commissioner certifies that the permit holder has substantiated a claim of undue hardship resulting from unique site characteristics, unforeseen conditions, scheduling commitments and/or financial considerations outside the control of the permit holder and that the applicant has received approval from the department of an alternative noise mitigation plan pursuant to section 24-221 of this subchapter, specifying the activities and devices that will be used for such after-hours construction and setting forth the additional mitigation measures, above and beyond those measures otherwise required for such devices and activities pursuant to the department's rules, that the applicant will use to significantly limit noise emissions from the site of such after-hours work. Applications for such certification shall be submitted to the department in a form and manner to be set forth in the rules of the department. The applicant for an after-hours authorization under this paragraph shall submit such certification to the issuing agency.

PROJECT LOCATION
WORK SITE LOCATION ADDRESS
ZIP BOROUGH BLOCK LOT
Anticipated Date Project Start: Noise Mitigation Plan Completion Date: ALTERNATIVE Noise Mitigation Plan Completion Date: Duration of the ENTIRE Project in: YEARS MONTHS DAYS
HAVE YOU SUBMITTED A CONSTRUCTION NOISE MITIGATION PLAN? (You must submit a Construction Noise Mitigation Plan before submitting this alternative plan)
CHECK IF
Residential Property Commercial Property
City/State Project Hospital School
Other
Name of property selected above:
NYCDOB PERMIT NUMBER(s) NYCDOT PERMIT NUMBER(s)

CONTACT INFORMATION
GENERAL CONTRACTOR COMPANY NAME PROJECT MANAGER EMAIL
BUSINESS ADDRESS CITY STATE ZIP PHONE NUMBER

SUBCONTRACTOR(S) AND/OR COMPANY EXPECTED TO PERFORM WORK IF AUTHORIZATION APPLICATION IS APPROVED
COMPANY NAME (1) COMPANY NAME (2)
BUSINESS ADDRESS CITY STATE ZIP BUSINESS ADDRESS CITY STATE ZIP
SITE MANAGER / PERSON IN CHARGE EMAIL: SITE MANAGER / PERSON IN CHARGE EMAIL

UNDUE HARDSHIP CLAIM BASED ON (SELECT ALL THAT APPLY):
LOCATION OR UNIQUE CHARACTERISTICS OF THE SITE OR OF THE CONSTRUCTION DEVICES
UNFORESEEN CONDITIONS RESULTING IN SIGNIFICANT CONSTRUCTION DELAYS
SCHEDULING COMMITMENTS
INCREASED EXPENDITURES OUTSIDE THE CONTROL OF THE PERMIT HOLDER

PROVIDE ANY ADDITIONAL DOCUMENTATION THAT SUPPORTS THE BOX YOU SELECTED ABOVE
UNDUE HARDSHIP DEMONSTRATION
FOR EACH UNDUE HARDSHIP CLAIM, PROVIDE A DETAILED EXPLANATION OF THE HARDSHIP. DESCRIBE IN DETAIL THE CIRCUMSTANCES THAT PREVENT THIS WORK FROM BEING DONE DURING PERMITTED CONSTRUCTION WORK HOURS

If additional space is needed, please attach a separate sheet with the information and indicate in the space above that additional information is attached. Be sure to include the work site address

Table with 3 columns: DAY, START TIME, END TIME. Header: DAYS AND TIME OF AFTER HOUR WORK THAT IS BEING REQUESTED

CONSTRUCTION INFORMATION

Please list all **DEVICES** and/or **ACTIVITIES** for this after-hour work

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

NOISE MITIGATION INFORMATION

In the box below, describe all additional noise mitigation measures to be included that are above and beyond those measures otherwise required to be implemented. If necessary, attach diagrams showing site and closest receptors. Identify receptors as "R" for residential, "C" for commercial, "S" for sensitive (school, hospital, etc.) and include additional documentation if necessary. Please explain in detail how these measures will help achieve allowable dBA level at 50 feet.


If additional space is needed, please attach a separate sheet with the information and indicate in the space above that additional information is attached. Be sure to include the work site address

I _____ hereby affirm under penalty of perjury that the information provided herein and in any and all accompanying attachments is true and complete to the best of my knowledge and that this form shall or has been posted at the works site forthwith.

Title _____ Email _____ Date _____

ALL FORMS MUST BE AVAILABLE AND DISPLAYED AT THE WORKSITE

DEP USE ONLY

UNDUE HARDSHIP CLAIM <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		ALTERNATIVE NOISE MITIGATION PLAN <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		<i>Notes / Instructions:</i>	
MONDAY TO FRIDAY:	SATURDAY:	SUNDAY:			
Signature of the Agency Head or Designated Representative 		DATE		ALLOWABLE DECIBEL LEVEL AT 50 FEET:	EXPIRATION DATE: