

1 REQUESTOR (required)

Name _____

Primary Phone No. _____ Cell Phone _____

Email _____

2 LOCATION INFORMATION (required)

Address _____

Job No. # _____ Violation No. # _____

BIN # _____ CB # _____ BLOCK _____ LOT # _____

3 APPOINTMENT REQUEST (required)

SAFETY VIOLATION: INSPECTION RE-INSPECTION
Stop Work Order: PARTIAL FULL

Select all that apply

- Onsite Plans YES NO
- Updated/Amended drawings provided YES NO
- Site safety drawings provided ((if required))..... YES NO
- Signed/Sealed Engineer letter provided..... YES NO
- D-Rings Removed from site YES NO
- Alternate method of Fall Protection provided in place of removed D-Ring YES NO
- Updated/Amended drawings available onsite for Inspector YES NO
- All violating conditions corrected in accordance with BC and approved drawings YES NO
- CSM Logs completed and provided onsite YES NO
- CSM and Superintendent checklist completed and signed..... YES NO

4 COMMENTS
5 APPOINTMENT REQUEST SUBMISSION (required)

Submit the completed **typewritten** form to CEU@buildings.nyc.gov. The form must be filled out correctly prior to emailing your request. Incorrectly filled forms will be rejected. All supporting documents must be attached. **Include the borough and address of the job in the subject line.**