New York City Department of Environmental Protection

THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5108
Records Control (718) 595-3855

INSPECTION REQUEST

DATE: _____

FEE ENCLOSED:	$
APPLICATION #:	

PREMISES ADDRESS: _____
(Borough))

I AM REQUESTING:

☐ AN INSPECTION AT THE ABOVE REFERENCED ADDRESS — CERTIFICATION ☐

☐ A REINSPECTION AT THE ABOVE REFERENCED ADDRESS — RECERTIFICATION ☐

I CERTIFY THAT ALL WORK ON THE ABOVE INSTALLATION HAS BEEN COMPLETED IN ACCORDANCE WITH AN APPROVED APPLICATION, PLANS AND AMENDMENT(S). THE EQUIPMENT IS OPERATING PROPERLY AND IS READY FOR FINAL INSPECTION BY DEP. I AM AWARE THAT IF THERE IS EXPOSED FRIABLE ASBESTOS IN A DAMAGED OR DETERIORATED CONDITION IN THE ROOM/AREA WHERE THE EQUIPMENT IS LOCATED, THE INSPECTION WILL NOT BE COMPLETED AND A NOTICE OF DISAPPROVAL WILL BE ISSUED.

IF THIS IS A REQUEST FOR A RE-INSPECTION: I CERTIFY THAT ALL DEFICIENCIES WHICH RESULTED IN THE ISSUANCE OF AN INSTALLATION DISAPPROVAL HAVE BEEN CORRECTED AS SET FORTH BELOW:

NOTE: COMPLETE THE FOLLOWING ITEM BY ITEM. A REINSPECTION WHICH DOES NOT RESULT IN THE ISSUANCE OF A CERTIFICATE OF OPERATION MAY SUBJECT THE APPLICATION TO CANCELLATION.

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_____ _____
INSTALLER'S SIGNATURE — TITLE
(IF LEGALIZATION, P.E., R.A. OR OWNER'S SIGNATURE)

INSTALLER'S NAME
(P.E., R.A.'S NAME) _____ _____
TELEPHONE NUMBER

STREET ADDRESS _____
(CITY) (STATE) (ZIP)

OWNER'S NAME _____ _____
TELEPHONE NUMBER

STREET ADDRESS _____
(CITY) (STATE) (ZIP)