SITE SAFETY Cover Sheet

Drop off Date: ____ **Application No.:** ____ **Major Project:** ____ **HPD:** ____ **Build It Back:** ____

Filed at Address: ____ **AKA Address:** ____

Borough: ____ **Block:** ____ **Lot:** ____ **Community Board:** ____ **BIN No.:** ____

Application Type: ____ **No. of Buildings on lot:** ____

No. of Stories: Building/Tower #1: ____ Building/Tower #2: ____ Building/Tower #3: ____

Building/Tower #4: ____ Building/Tower #5: ____

General Description:

Façade/Rehab ☐ Alteration: Shoring ☐

Façade/Substantial re-clad ☐ Alteration: Alternate protection ☐

Alteration: Vertical/Horizontal ☐ Alteration (specify): Other ☐ ____

Alteration: Mechanical Use ☐ New Building ☐

Submittal Format: ____ **Submission Phase:** ____

Submission Type: ____

Contact Information:

Applicant / Company Name: ____ Phone: ____

Contact Name: ____ Email: ____

Expediting Company / Courier Name: ____ Phone: ____

Contact Name: ____ Email: ____

Contracting Company Name: ____ Phone: ____

Contact Name: ____ Email: ____

Application Reviewed by: ____

PRINT NAME: _____ **SIGNATURE:** _____

FOR INTERNAL USE ONLY

Information provided above verified by (INITIAL):_____ Emergency Dec filed: YES ☐ NO ☐

Document Attached: YES ☐ NO ☐ Date assigned to Examiner: _____

Examiners name (PRINT NAME): _____

Job Status: Approved ☐ Disapproved ☐ Date:_____ Objection Attached: YES ☐ NO ☐