

**CONSTRUCTION SAFETY COMPLIANCE USE ONLY**

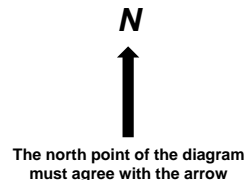
DEMOLITION #

Applicant, please complete all information requested below (for Mechanical Demolition requests, complete the [CSC4 form](#))

<b>Number of structures at this address you intend to demolish</b> (a separate application is required for each):				
<b>Name:</b>		<b>Company:</b>		
<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>		
<b>Application Date:</b>	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens <input type="checkbox"/> Staten Island
<b>Structure Type</b> (check one ONLY):	<input type="checkbox"/> House	<input type="checkbox"/> Garage	<input type="checkbox"/> Shed	<input type="checkbox"/> Commercial Building
	<input type="checkbox"/> Other _____			
<b>Building Address:</b>		<b>Legalizing a completed demolition?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Cross Streets:</b>	<b>BIN #</b>	<b>Block #</b>	<b>Lot #</b>	
<b>All AKAs</b> (Also-Known-As, if applicable):				
<b>BIS Job # for Demolition (DM) Filing:</b>		<b>Other Related BIS Job #s</b> (if applicable):		
<b>Distance from nearest street corner</b> (in feet):		<b>Mechanical demolition requested?</b> <input type="checkbox"/> No <input type="checkbox"/> Full <input type="checkbox"/> Partial		

*NOTE: Construction Safety Compliance must be notified in writing 24 hours prior to the commencement of any Full Demolition (see BC 106.6.1)*

**PLOT DIAGRAM** (must indicate Zone of Safety on diagram)



*A survey may be submitted in addition to or in lieu of a PLOT DIAGRAM as long as the Zone of Safety is indicated.*

**OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE**

<b>Date of Report:</b>		<b>Number of Stories:</b>		<b>Height of Building:</b>	
<b>OCCUPANCY:</b> Is the building vacant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is a sidewalk shed required? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, has a sidewalk shed been erected? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, provide permit number:			
Does the building have fire escapes or other exits used jointly with an adjoining or abutting building? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Will the removal of the fire escape or other exit affect the adjoining building? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Does the building have party walls or walls enclosing an adjoining building? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES, please describe:					
Has the demolition of the building commenced? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, answer the following questions:			
Has worked stopped? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have the police been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has an ECB Violation been issued? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, provide the ECB Violation #:			
<b>COMMENTS:</b>					
<b>INSPECTION RESULT:</b> <input type="checkbox"/> PASS <input type="checkbox"/> FAIL					
<b>Inspected by:</b>		<b>Signature:</b>		<b>Badge #</b>	
<b>Supervisor:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>ADMINISTRATIVE COMMENTS:</b>					