

INSTRUCTIONS

- The office and/or shop location for the following license types **must** comply with all requirements established in the NYC Zoning Resolution: Master Plumber, Master Fire Suppression Piping Contractor, Riggers, Sign Hangers, Oil Burner Equipment Installer, Elevator Agency, and Electricians.
- If you are establishing a new business or changing the address of your business, the Department **must** first approve the location. Only physical office spaces are acceptable business establishments. A lease may be requested for additional verification.
- To have your address verified, submit this form to the following address:

MAIL: NYC Department of Buildings
Licensing & Exams Unit
280 Broadway, 1st Floor
New York, NY 10007

EMAIL: licensingdob@buildings.nyc.gov

Form to be completed by the Applicant.

Date: _____

Licensee Name: _____ License No.: _____

Check one: Original Application Change of Address Business Name: _____

License Type: (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Master Electrician | <input type="checkbox"/> Special Electrician | <input type="checkbox"/> Master Rigger | <input type="checkbox"/> Special Rigger |
| <input type="checkbox"/> Master Sign Hanger | <input type="checkbox"/> Special Sign Hanger | <input type="checkbox"/> Elevator Agency | <input type="checkbox"/> Master Plumber |
| <input type="checkbox"/> Master Fire Suppression Piping Contractor | | <input type="checkbox"/> Oil Burner Equipment Installer | |

1. NEW/PROPOSED (OFFICE) ADDRESS (must be located within the five boroughs of NYC)

Check one: Office Shop Office and Shop

Number: _____ Street: _____ Apt./Suite: _____

City: _____ NY Zip Code: _____ Borough: _____

Cross Streets: _____ Block & Lot No.: _____

2. NEW/PROPOSED ADDRESS (*Shop - if different from above)

Number: _____ Street: _____ Apt./Suite: _____

City: _____ NY Zip Code: _____ Borough: _____

Cross Streets: _____ Block & Lot No.: _____

**Required for Riggers/Sign Hangers*

3. AFFIRMATION

By signing below, I affirm the office address listed above is a physical and dedicated office space and I grant the NYC Department of Buildings permission to inspect this place of business.

Signature

Email Address

Contact Phone No.

FOR OFFICE USE ONLY

Examined by: _____ Date Received: _____

Date Returned: _____ Approved Denied

COMMENTS