

## SERVICE UPDATE

### Request for Corner/Angle Scaffold Inspection

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To request a Corner and Angle Scaffold Inspection, please send the new [Corner/Angle Scaffold Inspection Request Form](#) as per BC §3314.16.4 to [CSCUAppointments@buildings.nyc.gov](mailto:CSCUAppointments@buildings.nyc.gov).

Prior to sending the request, please check the Inspection requirements:

- Make sure that the Competent Person, the Rigger, or Rigger Foreman will be on-site.
- Have the Approved Drawings on-site available for the inspection.
- Have the **pre-installation** and **installation inspection** report as per BC §3314.4.3.
- If post-anchors for tiebacks are utilized, proof load testing shall be performed in the absence of applicable performance loading tables in accordance with [Buildings Bulletin 2016-005](#).
- If parapet clamps are utilized, a stability report that is signed and sealed by a registered design professional must be on-site and available for review.
- If this is a site safety job, the Site Safety Plan (SSP) must be onsite and available for review.
- The SSP must indicate the location of the suspended scaffold.
- Ensure your site is in full compliance with Chapter 33 of the Building Code and 1 RCNY §104-20.

#### How to Schedule an Inspection

- Submit a typed and completed [Corner/Angle Scaffold Inspection Request Form](#) to [CSCUAppointments@buildings.nyc.gov](mailto:CSCUAppointments@buildings.nyc.gov) with the following subject line: Job Address, Borough, and Related Job Number. Please ensure all questions are answered including:
  - P.E./R.A./Rigger's Name.
  - P.E./R.A./Rigger's License Number.
  - Related Job Number (Façade Job Number or LL11 Job Number).
  - Suspended Scaffold Job Number or CD5 Number.
  - Notification Number of Installation of the Suspended Scaffold as per BC §3314.4.1.5 and NYC Administrative Code Table 28-112.8.

If the inspection request form is not complete, or if Section 2A or 2B are answered **NO**, the inspection will not be performed until the licensee is prepared for the inspection.