



# Construction Safety Compliance Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)  
Submit typewritten form to [cscuappointments@buildings.nyc.gov](mailto:cscuappointments@buildings.nyc.gov)

## 1 REQUESTOR (required)

Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## 2 LOCATION INFORMATION (required)

Address \_\_\_\_\_

Job No. \_\_\_\_\_ BIN No. \_\_\_\_\_

Community Board No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

## 3 APPOINTMENT REQUEST (required)

**Pre-Demolition Inspection**

Onsite Plans .....  YES  NO

TR1 Statement of Responsibility .....  YES  NO

Is the requested appointment a follow-up to previous objections issued? .....  YES  NO

*If yes, indicate the corrective action taken in Section 4.*

**Demolition Sign-off Inspection**

Onsite Plans .....  YES  NO

TR1 Sign-off .....  YES  NO

CD5 on site? .....  YES  NO

*NOTE: The Master Rigger or designated Rigger Foreman must be on site at the time of the inspection appointment.*

**Other**

## 4 COMMENTS