



# Construction Safety Enforcement Appointment Request Form

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

**NOTE: Location address must be in the Subject Line**

## 1 REQUESTOR *(required)*

Name \_\_\_\_\_

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

Email \_\_\_\_\_

## 2 LOCATION INFORMATION *(required)*

Address \_\_\_\_\_

Job # \_\_\_\_\_ BIN # \_\_\_\_\_

Community Board # \_\_\_\_\_ Block # \_\_\_\_\_ LOT # \_\_\_\_\_

## 3 APPOINTMENT REQUEST *(required)*

**Stop Work Order Rescind**

Partial or Full Stop Work Order .....  Partial  Full

Stop Work Order complaint number \_\_\_\_\_

Are copies of the violation on site? .....  YES  NO

Have all Class 1 violations been mitigated? .....  YES  NO

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

**OATH/DOB Violation Dismissal**

Violation Number(s) \_\_\_\_\_

Have all corrective actions been taken to correct the violation(s)? .....  YES  NO

**Other**

## 4 COMMENTS

**Please provide violation numbers for the mitigated Class 1 violations.**