Print Form

NYC Buildings

Manual Appointment Request and Drop Off Request Form

FORM NOT TO BE USED FOR PREDETERMINATION (PRE-CON) OR DETERMINATION (RE-CON) PURPOSES

Application must be typewritten.

Choose: ☐ **Drop-off** ☐ **Manual Appointment Request**. **Do not** check-off both items. Please submit a separate form for each job.

☐ Manhattan	☐ Bronx	☐ Brooklyn	☐ Queens	☐ Staten Island
Tel: 212-393-2549	Tel: 718-960-4725	Tel: 718-802-3670	Tel: 718-286-8340	Tel: 718-420-5414
Fax: 646-500-6277	Fax: 646-500-6611	Fax: 718-802-3969	Fax: 718-286-0774	Fax: 718-816-2318

1 Attendee *Required for **all** applications.*

Name _____ Cell Phone _____

Title / ID Number _____ Fax Number _____

Office Phone _____ Email _____

2 Location Information: *Required for **all** applications.*

Address _____

Job Number _____ Document Number _____

Applicant _____ ☐ P.E. ☐ R.A. License Number _____

Plan Examiner _____

3 Manual Appointment Request

- ☐ TCU Audit (attach objection sheet)
- ☐ Special Audit (attach objection sheet)
- ☐ Pro-Cert Zoning Review
- ☐ Self Certification Of Objections (attach print-outs— No Folders)
- ☐ Project Advocate
- ☐ Other:
- ☐ Withdrawal
- ☐ Reassignment
- ☐ For Fee Exempt Job
- ☐ Cluster Jobs

4 Drop Off Request *Include folder with request*

- ☐ AI-1 (As built plans or Final Survey clearly itemized)
- ☐ PAA (D-14 or Schedule B)
- ☐ Reassignment
- ☐ Certificate of Compliance
- ☐ Other:
- ☐ Equipment Certificate of Compliance Permit
- ☐ Satisfaction of Required Items
- ☐ Special Inspection Reports
- ☐ Reinstatement

5 Comments / Reason for meeting

INTERNAL USE ONLY

APPOINTMENT APPROVED: ☐ YES ☐ NO	COMMENTS
DATE OF APPOINTMENT:	
TIME OF APPOINTMENT: _____ : _____ ☐ AM ☐ PM	
REASSIGNED TO:	
REINSTATEMENT FEE:	
CONFIRMATION NUMBER:	