



BEST Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)
Submit typewritten form to BESTappt@buildings.nyc.gov

1 REQUESTOR (Required)

Name _____

Business Phone _____ Cell Phone _____

Email _____

2 LOCATION INFORMATION (Required)

Address _____

Job # _____ BIN # _____

Community Board # _____ Block # _____ LOT # _____

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

Stop Work Order Rescind

Partial or Full Stop Work Order Partial Full

Stop Work Order complaint number _____

Violation Number(s) _____

Are copies of the violation on site? YES NO

Has all corrective action been taken to correct the violation(s)? YES NO

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

DOB Violation Dismissal

Violation Number(s) _____

Has all corrective action been taken to correct the violation(s)? YES NO

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

Sidewalk Shed Removal Partial Full

Has all exterior work been completed? YES NO

Have all temporary devices, equipment and tools been removed from setback?..... YES NO

Are windows and curtain walls completed?..... YES NO

Other than the sidewalk shed, has all exterior temporary construction YES NO
equipment been removed?

Removal from Site Safety (*Site Safety Projects ONLY*)

- Has all exterior work been completed? YES NO
- Have all devices, equipment and tools been removed from roof setback?..... YES NO
- Are windows and curtain walls completed?..... YES NO
- Has all exterior temporary construction equipment been removed?..... YES NO
- Has the sidewalk shed been removed? YES NO

Other

4	COMMENTS
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