



Buildings

APPLICATION FOR INSPECTION PRIOR TO DEMOLITION (AND PRE-DEMOLITION REPORT)

Application must be typewritten.

BEST USE ONLY DEMOLITION #

Applicant, please complete all information requested below: (For mechanical demolition requests complete form BEST-4 as well.)

Number of structures at this address you intend to demolish (a separate application is required for each):

Name: Company:

E-mail: Phone: Fax:

Application date: [] Bronx [] Brooklyn [] Manhattan [] Queens [] Staten Island

Structure type (check only one): [] House [] Garage [] Shed [] Commercial Building [] Other:

Building address: Legalizing a completed demolition? [] Yes [] No

Cross streets: BIN: Block: Lot:

All AKA's ("Also-Known-As", if applicable):

BIS job # for demolition (DM) filing: Other related BIS job #s (if applicable):

Distance from nearest street corner (in feet): Mechanical demolition requested? [] No [] Full [] Partial

BEST must be notified in writing 24 hours prior to the commencement of any full demolition (see BC 105.6.1).

PLOT DIAGRAM (MUST INDICATE ZONE OF SAFETY ON DIAGRAM)



The north point of the diagram must agree with the arrow

A survey may be submitted in addition to or in lieu of a plot diagram as long as the zone of safety is indicated.

DO NOT WRITE BELOW THIS LINE: OFFICIAL USE ONLY

Date of report: Number of stories: Height of building:

Occupancy: Is building vacant? [] Yes [] No Sidewalk shed required? [] Yes [] No

If yes, has a sidewalk shed been erected? [] Yes [] No If yes, provide permit number:

Does the building have fire escapes or other exits used jointly with an adjoining or abutting building? [] Yes [] No

Will the removal of the fire escape or other exit affect the adjoining building? [] Yes [] No

Does the building have party walls or walls enclosing an adjoining building? [] Yes [] No

If yes, please describe:

Has the demolition of the building commenced? [] Yes [] No If yes, answer the following questions:

Has work been stopped? [] Yes [] No Have the police been notified? [] Yes [] No

Has an ECB violation been issued? [] Yes [] No If yes, provide ECB violation number:

Comments:

Inspection Result: [] Pass [] Fail

Inspected by: Signature: Badge # Date:

Supervisor: Signature: Badge # Date:

Administrative Comments: