



Construction Safety Enforcement Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)
Submit typewritten form to CSEappointments@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)

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.

ECB/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.

Other

4 COMMENTS