



Buildings

Façade Inspection and Safety Program (FISP)
FISP1: Initial Extension of Time Request

Application must be typewritten

1 Location Information

House No(s) Street Name
Borough Block Lot BIN Control #

2 Report Information

DOB Violation # Unsafe Notification Date (mm/dd/yyyy)
Last Inspection Date (mm/dd/yyyy) Initial Filing Date (mm/dd/yyyy)

3 Documentation

- Safety of Premises: Shed, Fence, Other, Explain
Timetable and Statement from a P.E. or R.A.: Signed and sealed statement, Timetable, Assessment of temporary safety measures, Company name
Scope of Work has been reviewed as per current work permit requirements: Check One
Notarized letter by owner that work will be completed within stated time of P.E./R.A.'s estimate

4 Owner Information

Last Name First Name Middle Initial
Address City State Zip
Telephone E-Mail

5 Statement and Signature

§28-211.1 False statements in certificates, forms, written statements, applications, reports or certificates of correction . It shall be unlawful for any person to make a material false statement in any certificate, professional certification, form signed statement, application, report or certification of the correction of a violation required under the provisions of this

Name (please print) E-mail
Signature Date (mm/dd/yyyy)

NYS P.E. / R.A. Seal (apply seal; then sign and date over seal)

Internal Use Only

Extension is hereby:
Granted: LENGTH OF EXTENSION SHALL BE DAYS COMMENCING (mm/dd/yyyy)
Denied:
Technical Examiner Name: Signature: Date: