



LIC33: Business Address Verification

- The office and/or shop location for the following license types **must** comply with all requirements established in the NYC Zoning Resolution: Master Plumber, Master Fire Suppression Piping Contractor, Riggers, Sign Hangers, Oil Burner Equipment Installer, Elevator Agency and Electricians.
- If you are establishing a new business or changing the address of your business, the Department **must** first approve the location. Only Physical office spaces are acceptable business establishments. The Department may request a lease for additional verification.
- To have your address verified, submit this form to the following address:

Mail: NYC Department of Buildings
Licensing & Exams Unit
280 Broadway, 6th floor
New York, NY 10007

Email: LIC33Requests@Buildings.nyc.gov

To be completed by the Applicant			Date: _____
Licensee Name: _____		Check one:	
License Number: _____		<input type="checkbox"/> Original application	
Business Name: _____		<input type="checkbox"/> Change of address	
License Type <i>(check all that apply)</i>			
<input type="checkbox"/> Master Electrician	<input type="checkbox"/> Special Electrician	<input type="checkbox"/> Master Rigger	<input type="checkbox"/> Special Rigger
<input type="checkbox"/> Master Sign Hanger	<input type="checkbox"/> Special Sign Hanger	<input type="checkbox"/> Elevator Agency	<input type="checkbox"/> Master Plumber
<input type="checkbox"/> Master Fire Suppression Piping Contractor	<input type="checkbox"/> Oil Burner Equipment Installer		
1. New/Proposed (Office) Address <i>(must be located within the five boroughs of NYC)</i>			Check one:
_____			<input type="checkbox"/> Office
Number	Street	Apt./Suite #	<input type="checkbox"/> Shop
_____	NY	_____	<input type="checkbox"/> Office and Shop
City	Zip Code	Borough	
_____	_____	_____	
Cross Streets	Block & Lot		
_____	_____		
2. New/Proposed Address <i>(*Shop - if different from above)</i>			

Number	Street	Apt./Suite #	
_____	NY	_____	
City	Zip Code	Borough	
_____	_____	_____	
Cross Streets	Block & Lot		
_____	_____		
By signing below, I affirm that the office address listed above is a physical and dedicated office space and I grant the Department permission to inspect this place of business.			
Signature	Email Address	Contact Phone Number	
_____	_____	_____	
FOR INTERNAL USE ONLY			
Examined by	_____	Date Received	_____
Date Returned	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments	_____		
