



SEP - Professional Certification Audits and Inspections Appointment Request Form

Application must be typewritten

Tel: 718-286-8370 Fax: 718-286-0934

1 Attendee Required for *all* applications.

Name	ID Number
Office Phone	Mobile Number
Fax Number	Email

2 Location Information: Required for *all* applications.

Address	
Job Number	Document Number
Applicant	<input type="checkbox"/> P.E. <input type="checkbox"/> R.A. License Number
Plan Examiner	

3 Appointment Request for:

- | | |
|---|---|
| <input type="checkbox"/> Post Approval Amendment | <input type="checkbox"/> Audit (Attach Objection Sheet) |
| <input type="checkbox"/> Plan Examiner Reassignment | <input type="checkbox"/> Audit Signoff Completion |
| <input type="checkbox"/> Permit Rescission* | <input type="checkbox"/> Application Withdrawal |
| <input type="checkbox"/> Superseding Applicant of Record* | <input type="checkbox"/> Other: |

* Professional must attend meeting

4 Appeal

Issue For Review:

- | | |
|--|--|
| <input type="checkbox"/> Building Code Interpretation/Determination (CCD1) | <input type="checkbox"/> TPPN Interpretation |
| <input type="checkbox"/> Zoning Resolution Interpretation / Determination (ZRD1) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Multiple Dwelling Law Interpretation (CCD1) | |

Buildings staff who have reviewed this application:

- | | | | |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Plan Examiner Supervisor | <input type="checkbox"/> Chief Plan Examiner | <input type="checkbox"/> Deputy Director | <input type="checkbox"/> Director |
|---|--|--|-----------------------------------|

5 Comments: Description of issue to be discussed.

INTERNAL USE ONLY

APPOINTMENT APPROVED: YES NO

DATE OF APPOINTMENT:

TIME OF APPOINTMENT: ____ : ____ AM PM

CONFIRMATION NUMBER: