

THE CITY OF
NEW YORK



DEPARTMENT OF BUILDINGS

RESCINDED BY
BUILDINGS BULLETIN 2017-007

PLAN EXAM CHECKLIST -- 1, 2 FAMILY NEW BUILDINGS
ITEMS REQUIRED PRIOR TO APPROVAL

(must be filled out entirely)
1 of 5

1 Job data

Borough _____

Block _____

Lot(s) _____

Job No. _____

House No(s). _____

Street Name _____

2 Checklist

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	BSA/CPC VARIANCE
<input type="checkbox"/>	<input type="checkbox"/>	LANDMARKS APPROVAL
<input type="checkbox"/>	<input type="checkbox"/>	LANDMARKS SIGNOFF
<input type="checkbox"/>	<input type="checkbox"/>	DEP: SD-1, SD-2
<input type="checkbox"/>	<input type="checkbox"/>	HPD: CLINTON DISTRICT CERTIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	NYS DEPT. OF ENVIRONMENTAL CONSERVATION
<input type="checkbox"/>	<input type="checkbox"/>	U.S. ARMY CORPS OF ENGINEERS
<input type="checkbox"/>	<input type="checkbox"/>	DOT: APPLICATION FOR STREET IMPROVEMENTS
<input type="checkbox"/>	<input type="checkbox"/>	DOT: WAIVER OF GRADES
<input type="checkbox"/>	<input type="checkbox"/>	DOH: PRIVATE WATER SUPPLY/SWIMMING POOL
<input type="checkbox"/>	<input type="checkbox"/>	APPROVAL FROM HPD FOR URBAN RENEWAL AREA
<input type="checkbox"/>	<input type="checkbox"/>	FLOOR SLAB ON FILL-NOTE ON FORM PW-1
<input type="checkbox"/>	<input type="checkbox"/>	SITE SURVEY
<input type="checkbox"/>	<input type="checkbox"/>	EASEMENT
<input type="checkbox"/>	<input type="checkbox"/>	DEED RESTRICTION
<input type="checkbox"/>	<input type="checkbox"/>	LEGALIZATION: PAY EXPRESS CASHIER
<input type="checkbox"/>	<input type="checkbox"/>	FOUNDATION PLANS REQUIRED
<input type="checkbox"/>	<input type="checkbox"/>	COMPLIANCE REQUIRED-WATERFRONT ZONING
<input type="checkbox"/>	<input type="checkbox"/>	SITE SUITABILITY FOR SEPTIC BY DEP
<input type="checkbox"/>	<input type="checkbox"/>	FEE ADJUSTMENT (SCOPE OF WORK CHANGED)
<input type="checkbox"/>	<input type="checkbox"/>	HOUSE NUMBER VERIFICATION
<input type="checkbox"/>	<input type="checkbox"/>	TAX LOT VERIFICATION BY RPAD
<input type="checkbox"/>	<input type="checkbox"/>	STREET STATUS VERIFICATION BY BORO PRESIDENT
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FILED IN CONJUNCTION WITH _____ (JOB NUMBER)
<input type="checkbox"/>	<input type="checkbox"/>	OTHER:

PLAN EXAMINER'S NAME IN PRINT, SIGNATURE AND DATE OF APPROVAL

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PLAN EXAM CHECKLIST -- 1, 2 FAMILY NEW BUILDINGS
ITEMS REQUIRED PRIOR TO PERMIT

(must be filled out entirely)
2 of 5

DEPARTMENT OF BUILDINGS

1 Job data

Borough	Block	Lot(s)	Job No.
House No(s)	Street Name		

2 Checklist

YES NO

- | | | | |
|--------------------------|--------------------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | DEMOLITION APPLICATION | |
| <input type="checkbox"/> | <input type="checkbox"/> | FIVE-DAY NOTICE OF EXCAVATION | |
| <input type="checkbox"/> | <input type="checkbox"/> | SIDEWALK SHED APPLICATION & PERMIT | |
| <input type="checkbox"/> | <input type="checkbox"/> | TEMPORARY FENCE APPLICATION & PERMIT | |
| <input type="checkbox"/> | <input type="checkbox"/> | SCAFFOLD APPLICATION & PERMIT | |
| <input type="checkbox"/> | <input type="checkbox"/> | ELEVATOR SCHEDULE | |
| <input type="checkbox"/> | <input type="checkbox"/> | MICROFILM | |
| <input type="checkbox"/> | <input type="checkbox"/> | WORKERS' COMPENSATION INSURANCE | |
| <input type="checkbox"/> | <input type="checkbox"/> | WAIVER/AFFIDAVIT OF WORKERS COMPENSATION | |
| <input type="checkbox"/> | <input type="checkbox"/> | LIABILITY INSURANCE | |
| <input type="checkbox"/> | <input type="checkbox"/> | STREET OBSTRUCTION BOND | |
| <input type="checkbox"/> | <input type="checkbox"/> | DISABILITY INSURANCE | |
| <input type="checkbox"/> | <input type="checkbox"/> | ZONING DECLARATION I | |
| <input type="checkbox"/> | <input type="checkbox"/> | ZONING DECLARATION II | |
| <input type="checkbox"/> | <input type="checkbox"/> | ZONING DECLARATION III | |
| <input type="checkbox"/> | <input type="checkbox"/> | ZONING DECLARATION IV | |
| <input type="checkbox"/> | <input type="checkbox"/> | ZONING DECLARATION V | |
| <input type="checkbox"/> | <input type="checkbox"/> | FSC CL.A OR CL.B LIC-FIRE SUPPRESSION SYSTEM | |
| <input type="checkbox"/> | <input type="checkbox"/> | FSC CL.A OR CL.C LIC-FIRE SUPPRESSION SYSTEM | |
| <input type="checkbox"/> | <input type="checkbox"/> | TR-1 FSC INSTALLER | |
| <input type="checkbox"/> | <input type="checkbox"/> | DIR-14 ID OF RESPONSIBILITY (TR1) | |
| <input type="checkbox"/> | <input type="checkbox"/> | EMERGENCY GENERATORS | §27-794 |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER: | |

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PLAN EXAM CHECKLIST -- 1, 2 FAMILY NEW BUILDINGS
CONTROLLED INSPECTIONS (TR-1)
REQUIRED PRIOR TO PERMIT
(must be filled out entirely)
3 of 5

1 Job data

Borough	Block	Lot(s)	Job No.
House No(s).	Street Name		

2 Checklist

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	BORINGS / TEST PITS	§27-720
<input type="checkbox"/>	<input type="checkbox"/>	PILING	§27-721
<input type="checkbox"/>	<input type="checkbox"/>	SUBGRADE	§27-723
<input type="checkbox"/>	<input type="checkbox"/>	CONTROLLED FILL	§27-679(A)
<input type="checkbox"/>	<input type="checkbox"/>	UNDERPINNING	§27-724
<input type="checkbox"/>	<input type="checkbox"/>	SOIL BEARING PRESSURE	§27-678
<input type="checkbox"/>	<input type="checkbox"/>	WELDING	§27-616
<input type="checkbox"/>	<input type="checkbox"/>	ALUMINUM	TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	LAMINATED WOOD	TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	HIGH STRENGTH BOLTS	TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	CABLE FITTINGS	TABLE 10-2(640)
<input type="checkbox"/>	<input type="checkbox"/>	SMOKE TEST	§27-858
<input type="checkbox"/>	<input type="checkbox"/>	FIRE STOPS	§27-345
<input type="checkbox"/>	<input type="checkbox"/>	FUEL BURNING / STORAGE	§27-794
<input type="checkbox"/>	<input type="checkbox"/>	SOIL PERCOLATION TEST-DRY WELL	§RS16-P113
<input type="checkbox"/>	<input type="checkbox"/>	SOIL PERCOLATION TEST-SEPTIC	§RS16-P113.3
<input type="checkbox"/>	<input type="checkbox"/>	SHORING	§27-1010
<input type="checkbox"/>	<input type="checkbox"/>	SPRAY ON FIREPROOFING	§27-324
<input type="checkbox"/>	<input type="checkbox"/>	REINFORCED MASONRY	TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	MASONRY UNITS	§RS 10-3 3.2
<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE	§27-603
<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE - PRECAST	§27-607
<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE - PRE-STRESSED	§27-607
<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE DESIGN MIX	§27-605
<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE TEST CYLINDERS	§27-607A(1)
<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLER TEST	§27-967
<input type="checkbox"/>	<input type="checkbox"/>	CHIMNEYS	§27-856
<input type="checkbox"/>	<input type="checkbox"/>	SEPTIC SYSTEM INSTALLATION	§RS16-P113.3
<input type="checkbox"/>	<input type="checkbox"/>	DRYWELL INSTALLATION	§RS16-P110.13
<input type="checkbox"/>	<input type="checkbox"/>	OTHER:	

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ITEMS REQUIRED PRIOR TO C.O./SIGNOFF

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DEPARTMENT OF BUILDINGS

1 Job data			
Borough	Block	Lot(s)	Job No.
House No(s)	Street Name		

2 Checklist

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | BSA/CPC VARIANCE |
| <input type="checkbox"/> | <input type="checkbox"/> | LANDMARKS APPROVAL |
| <input type="checkbox"/> | <input type="checkbox"/> | LANDMARKS SIGNOFF. |
| <input type="checkbox"/> | <input type="checkbox"/> | HPD: CLINTON DISTRICT CERTIFICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | LETTER- NYS DEPT. OF ENVIRONMENTAL CONSERVATION |
| <input type="checkbox"/> | <input type="checkbox"/> | LETTER- U.S. ARMY CORPS OF ENGINEERS |
| <input type="checkbox"/> | <input type="checkbox"/> | FIRE DEPT.: FIRE SAFETY PLAN |
| <input type="checkbox"/> | <input type="checkbox"/> | DOT: WAIVER OF GRADES |
| <input type="checkbox"/> | <input type="checkbox"/> | DOH: PRIVATE WATER SUPPLY/SWIMMING POOL |
| <input type="checkbox"/> | <input type="checkbox"/> | APPROVAL FROM HPD FOR URBAN RENEWAL AREA |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGHWAY LETTER |
| <input type="checkbox"/> | <input type="checkbox"/> | CERTIFICATE OF OCCUPANCY |
| <input type="checkbox"/> | <input type="checkbox"/> | PILES: FINAL PILE PLAN/CREOSOTE LETTER |
| <input type="checkbox"/> | <input type="checkbox"/> | ELEVATOR APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | MECHANICAL (MH) APPLICATION /PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | CURB CUT (CC) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | PLUMBING (PL) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | BOILER (BL) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | FUEL BURNING (FB) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | FUEL STORAGE (FS) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER CONSTRUCTION (OT) APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | FINAL COST AFFIDAVIT |
| <input type="checkbox"/> | <input type="checkbox"/> | RE-MICROFILMING NECESSARY |
| <input type="checkbox"/> | <input type="checkbox"/> | CERTIFICATION OF SMOKE DETECTOR INSTALLATION |
| <input type="checkbox"/> | <input type="checkbox"/> | FIRE RETARDANT TREATED WOOD CERTIFICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | EQUIPMENT USE PERMITS |
| <input type="checkbox"/> | <input type="checkbox"/> | FINAL SURVEY |
| <input type="checkbox"/> | <input type="checkbox"/> | EASEMENT (C OF O TIME) |
| <input type="checkbox"/> | <input type="checkbox"/> | DEED RESTRICTION |
| <input type="checkbox"/> | <input type="checkbox"/> | DEFERRED FEES |
| <input type="checkbox"/> | <input type="checkbox"/> | OTHER: |

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5 of 5

1 Job data			
Borough	Block	Lot(s)	Job No.
House No(s)	Street Name		

2 Checklist

	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BORINGS / TEST PITS §27-720
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILING §27-721
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUBGRADE §27-723
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROLLED FILL §27-679(A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNDERPINNING §27-724
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL BEARING PRESSURE §27-678
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELDING §27-616
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALUMINUM TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAMINATED WOOD TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGH STRENGTH BOLTS TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CABLE FITTINGS TABLE 10-2(640)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMOKE TEST §27-868
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE STOPS §27-345
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL BURNING / STORAGE §27-794
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL PERCOLATION TEST-DRY WELL §RS16-P113
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL PERCOLATION TEST-SEPTIC §RS16-P113.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORING §27-1010
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRUCTURAL STABILITY §R & REG10/16/92
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRAY ON FIREPROOFING §27-324
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REINFORCED MASONRY TABLE 10-2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MASONRY UNITS §RS 10-3 3.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE §27-603
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE - PRECAST §27-607
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE - PRE-STRESSED §27-607
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE DESIGN MIX §27-605
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONCRETE TEST CYLINDERS §27-607A(1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLER TEST §27-967
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINAL INSPECTION-D14 DIRECTIVE 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHIMNEYS §27-856
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEPTIC SYSTEM INSTALLATION §RS16-P113.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRYWELL INSTALLATION §RS16-P110.13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER:

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