

LPPA Web Inspection Request

*** Indicates a Required Field**

First Name *

Last Name *

Title*

Inspection Type *

Open Flame	<input type="checkbox"/>
Sidewalk Café	<input type="checkbox"/>
PA	<input type="checkbox"/>
TPA	<input type="checkbox"/>

Phone Number *

Email Address *

PACO Number *

Will the above person be the on-site contact *

Yes

No

Location of Requested Inspection

Street Address *

Borough *

Zip Code *

FPIMS Account Number *

Inspection Date Requested

We will attempt to schedule your requested appointment on one of these two dates

Preferred Date *

Alternate Date *

FAX or email Request to the Following

LPPA@fdny.nyc.gov

(718) 999-0420