



# Construction Safety Compliance Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)  
Submit typewritten form to [cscuappointments@buildings.nyc.gov](mailto:cscuappointments@buildings.nyc.gov)

## 1 REQUESTOR (Required)

Name

Business Phone

Cell Phone

Email

## 2 LOCATION INFORMATION (Required)

Address

Job #

BIN #

Community Board #

Block #

LOT #

## 3 APPOINTMENT REQUEST (Required)

### ☐ Pre-Demolition Inspection

Onsite Plans ..... ☐ YES ☐ NO

TR1 Statement of Responsibility ..... ☐ YES ☐ NO

Is the requested appointment a follow-up to previous objections issued? ..... ☐ YES ☐ NO

*If yes, indicate the corrective  
action taken in Section 4.*

### ☐ Demolition Sign-off Inspection

Onsite Plans ..... ☐ YES ☐ NO

TR1 Sign-off..... ☐ YES ☐ NO

### ☐ Suspended Scaffold Pre-inspection

CD5 on site? ..... ☐ YES ☐ NO

*NOTE: The Master Rigger or designated Rigger Foreman must be on site at the time of the inspection  
appointment.*

### ☐ Other

## 4 COMMENTS