



Buildings

APPLICATION FOR INSPECTION PRIOR TO DEMOLITION
(AND PRE-DEMOLITION REPORT)

Application must be typewritten.

BEST USE ONLY
DEMOLITION #

Applicant, please complete all information requested below: (For mechanical demolition requests complete form BEST-4 as well.)

Number of structures at this address you intend to demolish (a separate application is required for each):

Name:

Company:

E-mail:

Phone:

Fax:

Application date:

☐ Bronx

☐ Brooklyn

☐ Manhattan

☐ Queens

☐ Staten Island

Structure type (check only one):

☐ House

☐ Garage

☐ Shed

☐ Commercial Building

☐ Other:

Building address:

Legalizing a completed demolition? ☐ Yes ☐ No

Cross streets:

BIN:

Block:

Lot:

All AKA's ("Also-Known-As", if applicable):

BIS job # for demolition (DM) filing:

Other related BIS job #s (if applicable):

Distance from nearest street corner (in feet):

Mechanical demolition requested?

☐ No

☐ Full

☐ Partial

BEST must be notified in writing 24 hours prior to the commencement of any full demolition (see BC 105.6.1).

PLOT DIAGRAM (MUST INDICATE ZONE OF SAFETY ON DIAGRAM)

N



The north point of the diagram
must agree with the arrow

A survey may be submitted in addition to or in lieu of a plot diagram as long as the zone of safety is indicated.

DO NOT WRITE BELOW THIS LINE: OFFICIAL USE ONLY

Date of report:

Number of stories:

Height of building:

Occupancy: Is building vacant? ☐ Yes ☐ No

Sidewalk shed required? ☐ Yes ☐ No

If yes, has a sidewalk shed been erected? ☐ Yes ☐ No If yes, provide permit number:

Does the building have fire escapes or other exits used jointly with an adjoining or abutting building? ☐ Yes ☐ No

Will the removal of the fire escape or other exit affect the adjoining building? ☐ Yes ☐ No

Does the building have party walls or walls enclosing an adjoining building? ☐ Yes ☐ No

If yes, please describe:

Has the demolition of the building commenced? ☐ Yes ☐ No

If yes, answer the following questions:

Has work been stopped? ☐ Yes ☐ No

Have the police been notified? ☐ Yes ☐ No

Has an ECB violation been issued? ☐ Yes ☐ No

If yes, provide ECB violation number:

Comments:

Inspection Result:

☐ Pass

☐ Fail

Inspected by:

Signature:

Badge #

Date:

Supervisor:

Signature:

Badge #

Date:

Administrative Comments: