



# 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

☐ P.E.

☐ R.A.

License Number

Plan Examiner

## 3 Appointment Request for:

☐ Post Approval Amendment

☐ Plan Examiner Reassignment

☐ Permit Rescission\*

☐ Superseding Applicant of Record\*

\* Professional must attend meeting

☐ Audit (Attach Objection Sheet)

☐ Audit Signoff Completion

☐ Application Withdrawal

☐ Other:

## 4 Appeal

### Issue For Review:

☐ Building Code Interpretation/Determination (CCD1)

☐ Zoning Resolution Interpretation / Determination (ZRD1)

☐ Multiple Dwelling Law Interpretation (CCD1)

☐ TPPN Interpretation

☐ Other:

### Buildings staff who have reviewed this application:

☐ Plan Examiner Supervisor

☐ Chief Plan Examiner

☐ Deputy Director

☐ Director

## 5 Comments: Description of issue to be discussed.

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### INTERNAL USE ONLY

APPOINTMENT APPROVED: ☐ YES ☐ NO

DATE OF APPOINTMENT:

TIME OF APPOINTMENT: \_\_\_\_ : \_\_\_\_ ☐ AM ☐ PM

CONFIRMATION NUMBER: