

Emergency Response Agencies C/O Notification Affidavit (Prior to C/O or Sign-off)

This is to certify that I, _____, as the applicant for the TC/O or C/O detailed below, have provided the Emergency Response Agencies: NYPD, FDNY, EMS, and the Department of City Planning with a site plan that shows the nearest Mapped Streets that are open and in use and shows the access route from such Mapped Streets to the subject building or location.

Location

Borough	Block	Lot(s)	BIN	C.B. No.
House No(s).	Street Name		Apt/Condo No(s).	Floors
Special Place Name		Building Type (check one box only):	1,2,3 Family <input type="checkbox"/>	Other <input type="checkbox"/>

Application Data

Job Number	C/O Number		Final C/O		Temporary C/O
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Job or C/O Applicant

Last Name				First Name		M.I.		P.E./R.A. Seal
Business Name						Business Phone ()		
Address				City		State ZIP		
P.E.		R.A.		Lic. No.				
P.E./R.A. Signature						Date		