



Manual Appointment Request and Drop Off Request Form

FORM NOT TO BE USED FOR PREDETERMINATION (PRE-CON) OR DETERMINATION (RE-CON) PURPOSES
Application must be typewritten.

Choose: **Drop-off** **Manual Appointment Request.** Do not check-off both items. Please submit a separate form for each job.

- | | | | | |
|------------------------------------|--------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Manhattan | <input type="checkbox"/> Bronx | <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Queens | <input type="checkbox"/> Staten Island |
| Tel: 212-566-5662 | Tel: 718-579-6924 | Tel: 718-802-3670 | Tel: 718-286-0775 | Tel: 718-816-2314 |
| Fax: 212-566-5671 | Fax: 718-579-6767 | Fax: 718-802-3969 | Fax: 718-286-0774 | Fax: 718-816-2318 |

1 Attendee Required for *all* applications.

Name	Cell Phone
Title / ID Number	Fax Number
Office Phone	Email

2 Location Information: Required for *all* applications.

Address		
Job Number	Document Number	
Applicant	<input type="checkbox"/> P.E.	<input type="checkbox"/> R.A. License Number
Plan Examiner		

3 Manual Appointment Request

- | | |
|---|---|
| <input type="checkbox"/> TCU Audit (attach objection sheet) | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Special Audit (attach objection sheet) | <input type="checkbox"/> Reassignment |
| <input type="checkbox"/> Pro-Cert Zoning Review | <input type="checkbox"/> For Fee Exempt Job |
| <input type="checkbox"/> Self Certification Of Objections (attach print-outs— No Folders) | <input type="checkbox"/> Cluster Jobs |
| <input type="checkbox"/> Project Advocate | |
| <input type="checkbox"/> Other: | |

4 Drop Off Request Include folder with request

- | | |
|---|---|
| <input type="checkbox"/> AI-1 (As built plans or Final Survey clearly itemized) | <input type="checkbox"/> Equipment Certificate of Compliance Permit |
| <input type="checkbox"/> PAA (D-14 or Schedule B) | <input type="checkbox"/> Satisfaction of Required Items |
| <input type="checkbox"/> Reassignment | <input type="checkbox"/> Special Inspection Reports |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Other: | |

5 Comments

INTERNAL USE ONLY	
APPOINTMENT APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS
DATE OF APPOINTMENT:	
TIME OF APPOINTMENT: _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
REASSIGNED TO:	
REINSTATEMENT FEE:	
CONFIRMATION NUMBER:	