



Construction Safety Enforcement Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)
Submit typewritten form to **CSEappointments@buildings.nyc.gov**

NOTE: Location address must be in the Subject Line

1 REQUESTOR *(required)*

Name _____

Business Phone _____

Cell Phone _____

Email _____

2 LOCATION INFORMATION *(required)*

Address _____

Job # _____

BIN # _____

Community Board # _____

Block # _____

LOT # _____

3 APPOINTMENT REQUEST *(required)*

☐ Stop Work Order Rescind

Partial or Full Stop Work Order ☐ Partial ☐ Full

Stop Work Order complaint number _____

Are copies of the violation on site? ☐ YES ☐ NO

Have all Class 1 violations been mitigated? ☐ YES ☐ NO

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

☐ OATH/DOB Violation Dismissal

Violation Number(s) _____

Have all corrective actions been taken to correct the violation(s)? ☐ YES ☐ NO

☐ Other

4 COMMENTS

Please provide violation numbers for the mitigated Class 1 violations.