



**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 demolition (see AC §27-195).**

**PLOT DIAGRAM (MUST INDICATE ZONE OF SAFETY ON DIAGRAM)**



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: \_\_\_\_\_