



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
Records Control (718) 595-3855

AR 365
Rev 01/11

INSPECTION REQUEST

DATE: _____

FEE ENCLOSED: _____

APPLICATION #: _____

**Premise
Information:**

Street Address			Name of Premise (if any)			
Floor	Room No.	Borough	Zip Code	BIN	Block	Lot

I am requesting:

☐ An Inspection at the above referenced address ☐ A Re-Inspection at the above referenced address

I certify that all work on the above installation has been completed in accordance with an approved application, plans and amendment[s]. The equipment is operating properly and is ready for final inspection by DEP. I am aware that if there is exposed friable asbestos in a damaged or deteriorated condition in the room/area where the equipment is located, the inspection will not be completed and a Notice of Disapproval will be issued.

If this is a request for a Re-Inspection: I certify that all deficiencies which resulted in the issuance of an Installation Disapproval have been corrected as listed below:

INSTALLER'S SIGNATURE
(IF LEGALIZATION, P.E., R.A. OR OWNER'S SIGNATURE)

TITLE

INSTALLER'S NAME
(P.E., R.A.'S NAME)

TELEPHONE NUMBER

STREET ADDRESS

(CITY)

(STATE)

(ZIP CODE)

OWNER'S NAME

TELEPHONE NUMBER

STREET ADDRESS

(CITY)

(STATE)

(ZIP CODE)

FOR INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www.nyc.gov/dep or call 311