



4/14/15

APPLICATION FOR II
(AND PRE)

DEPT BLDGS Job No. 321202382



EST USE ONLY
DEMOLITION #

Application must be typewritten.

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: MOSES SEIDENFELD		Company: AVALON DESIGNS	
E-mail:		Phone: 718-236-8600	Fax:
Application date:		☐ Bronx ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island	
Structure type (check only one):		☒ House ☐ Garage ☐ Shed ☐ Commercial Building ☐ Other:	
Building address: 1830 59TH STREET		Legalizing a completed demolition? ☐ Yes ☒ No	
Cross streets: 18 AVENUE, 19 AVENUE		BIN: 3131828	Block: 5512 Lot: 18
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): 214		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: 02/05/15	Number of stories: 2 1/2	Height of building: Approx-30ft
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:	NA
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 NA		
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 NA	Have the police been notified?	☐ Yes ☐ No NA
Has an ECB violation been issued? ☐ Yes ☐ No NA	If yes, provide ECB violation number: NA	
Comments: overhead protection required in driveway in exp-2		

Inspection Result: ☒ Pass ☐ Fail		
Inspected by: ISLAM	Signature: [Signature]	Badge # 3342 Date: 02/05/15
Supervisor: P. KRIVORIAN	Signature: [Signature]	Badge # 995 Date: 04/13/15
Administrative Comments: DEMO PLANS APPROVED N-Check NAMEER 4/6/2015		

safety • service • integrity

B Form 2A (Rev. 11/06)

**APPROVED
BEST SQUAD**