



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: William Formica Company: Formica Construction Inc.

E-mail: Phone: 718-420-4603 Fax:

Application date: 1/16/13 ☐ Bronx ☐ Brooklyn ☐ Manhattan ☐ Queens ☒ Staten Island

Structure type (check only one): ☐ House ☒ Garage ☐ Shed ☐ Commercial Building ☐ Other:

Building address: 24 Norwalk Avenue (detached garage) Legalizing a completed demolition? ☐ Yes ☒ No

Cross streets: Area Place & Manor Road BIN: 5017661 Block: 701 Lot: 17

All AKA's ("Also-Known-As", if applicable):

BIS job # for demolition (DM) filing: 520168522 Other related BIS job #s (if applicable):

Distance from nearest street corner (in feet): 0 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: 1-31-14 Number of stories: 1 Height of building: 10'

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: N/A

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 N/A

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 N/A

Has an ECB violation been issued? ☐ Yes ☒ No If yes, provide ECB violation number:

Comments: Ok Plans Amended

Inspection Result: ☒ Pass ☐ Fail

Inspected by: A. Perry Signature: [Signature] Badge #: 2430 Date: 1/31/14

Supervisor: [Signature] Signature: [Signature] Badge #: 2430 Date: 1/31/14

Administrative Comments:

safety • service • integrity

APPROVED
BEST SQUAD

Form 2A (Rev. 11/06)