



Application for Inspection Permit

Construction Safety Compliance

Application and Pre-Demolition Report



Applicant, please complete all information requested below (for Mechanical Demolition req

Number of structures at this address you intend to demolish (a separate application is required for each):					
Name: Skender Hysa		Company: Sken Services Corp.			
Email: joe.husic@gmail.com	Phone: 347-268-8969	Fax:			
Application Date: 12-12-2021	☐ Bronx	☐ Brooklyn	☐ Manhattan	☐ Queens	☒ Staten Island
Structure Type (check one ONLY):	☒ House	☐ Garage	☐ Shed	☐ Commercial Building	
☐ Other _____					
Building Address: 450 College Ave		Legalizing a completed demolition? ☐ YES ☒ NO			
Cross Streets: Neal Dow Ave, Bidwell Ave		BIN #5011617	Block #405	Lot # 27	
All AKAs (Also-Known-As, if applicable):					
BIS Job # for Demolition (DM) Filing: 520464239		Other Related BIS Job #s (if applicable): 520464248			
Distance from nearest street corner (in feet): 113		Mechanical demolition requested? ☐ No ☐ Full ☒ Partial			

NOTE: Construction Safety Compliance must be notified in writing 24 hours prior to the commencement of any Full Demolition (see BC 106.6.1)

PLOT DIAGRAM (must indicate Zone of Safety on diagram)

Please
see survey

N

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.

OFFICIAL USE ONLY DO NOT WRITE BELOW THIS LINE

Date of Report:		Number of Stories:		Height of Building:	
OCCUPANCY: Is the building vacant? ☐ YES ☐ NO		Is a 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 worked stopped? ☐ YES ☐ NO		Have the police been notified? ☐ YES ☐ NO			
Has an ECB Violation been issued? ☐ YES ☐ NO		If YES, provide the ECB Violation #:			
COMMENTS:					
INSPECTION RESULT: ☐ PASS ☐ FAIL					
Inspected by:		Signature:		Badge #	Date:
Supervisor:		Signature:		Badge #	Date:
ADMINISTRATIVE COMMENTS:					