



APPLICATION WITHDRAWAL/ADDRESS CHANGE FORM

Address: 16 Royal Oak Rd ,Staten Island NY 10314

Application Type: ☐ NB ☐ ALT I ☒ ALT II ☐ ALT III ☐ SIGN ☐ OTHER Alt III

Application # 540122080 Inspection Status:

Date of Inspection: Date of Supervisor Review:

1. Request change of address from

To

Block: Lot: An error was made during the filing process.

2. Request withdrawal of application. No work was done pursuant to this application.

☒ No Work Done

3. Request withdrawal of application. Cannot determine whether work was done pursuant to this application, however all work in the area in question complies with subsequent application # which was signed off by professional pursuant to Directive 14 or signed off by the Department.

Subsequent Application #: Signed off Date:

4. Request withdrawal of permit. % of work completed as of inspection date:

Work type to be withdrawn (OT, PL, SD, etc.)

5. Request change of contractor on permit. % of work completed as of inspection date:

Work type to be withdrawn (OT, PL, SD, etc.)

6. Request withdrawal of application. Building demolished under application

7. Withdrawal/change of address request denied for the following reasons:

INSPECTOR: BADGE:

SUPERVISOR: BADGE: