PER11 Appointment Request

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)

Application must be typewritten

For appointments with a **plan examiner**, submit requests to the appropriate borough email address below (include the property address, job number and job type in the email subject line):

- ☐ **BRONX** BronxPER11PlanExam@buildings.nyc.gov
- ☐ **BROOKLYN** BrooklynPER11PlanExam@buildings.nyc.gov
- ☐ **MANHATTAN** ManhPER11PlanExam@buildings.nyc.gov
- ☐ **QUEENS** QueensPER11PlanExam@buildings.nyc.gov
- ☐ **STATEN ISLAND** StatenIslandPER11PlanExam@buildings.nyc.gov

1 ATTENDEE *(Required for **all** applications)*

☐ **Applicant of Record** ☐ **Filing Representative (Class 2)**

Name **DOB ID#**

Business Phone **Cell Phone**

Email **Number of Attendees**

2 PROPERTY DETAILS *(Required for **all** applications)*

Address

Job Number **Document Number** **Job Type**

Applicant ☐ **P.E.** ☐ **R.A.** **License #**

Plan Examiner

3 APPOINTMENT REQUEST

- ☐ **Reassignment**
- ☐ **Reinstatement**
- ☐ **Withdrawal**
- ☐ **Pro-Cert Zoning Review**
- ☐ **Special Audit *(attach Objection Sheet)***
- ☐ **TCU Audit** *(attach Objection Sheet)*
- ☐ **Fee Exempt Job**)
- ☐ **Special Inspection Reports**
- ☐ **Self-Certification of Objections** *(attach Objection Sheet)*
- ☐ **PW3 Changes/Fee Adjustment** *(attach L2 form when required)*
- ☐ **Other** _____

4 COMMENTS/REASON FOR MEETING *(Provide detailed explanation for all appointment requests identified above)*

For appointments with a **Borough Commissioner's Office**, submit requests to the appropriate borough email address below (include the property address, job number and job type in the email subject line):

BRONX BronxPER11Appointments@buildings.nyc.gov

BROOKLYN BrooklynPER11Appointments@buildings.nyc.gov

MANHATTAN ManhPER11Appointments@buildings.nyc.gov

QUEENS QueensPER11Appointments@buildings.nyc.gov

STATEN ISLAND StatenIslandPER11Appointments@buildings.nyc.gov

INTERNAL USE ONLY

APPOINTMENT APPROVED: ☐ **YES** ☐ **NO**	**COMMENTS:**
APPOINTMENT DATE: **TIME:**	
REASSIGNED TO:	
CONFIRMATION #:	
REINSTATEMENT FEE:	