

Bureau of Buildings  
 Department of Development  
 515 North Avenue  
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**City of New Rochelle  
 New York**

**C.E.O. FIELD INSPECTION CHECKLIST**

<u>INSPECTION TYPE</u>	<u>FIELD CONDITION</u>	<u># INSPECTED</u>	<u># PASSED</u>	<u># FAILED</u>	<u>DATE</u>
Slab Insulation (If Required) (Table N1102.1(1))	_____	_____	_____	_____	_____
Ceiling Insulation (Table N1102.1(1))	_____	_____	_____	_____	_____
Wall Insulation (Table N1102.1(1))	_____	_____	_____	_____	_____
Service Penetrations (N1102.4.1)	_____	_____	_____	_____	_____
Vapor Barrier Around Windows (N1102.4.1)	_____	_____	_____	_____	_____
Insulation Split Around Mechanicals (Exterior Walls) (Per Manufacturer's Specs.)	_____	_____	_____	_____	_____
Inspect 1 exterior outlet per room (Any failure requires all exterior outlets to be checked)	_____	_____	_____	_____	_____
Plumbing Insulation (Around circulating hot water pipes) (N1103.3)	_____	_____	_____	_____	_____
Duct Insulation (In Unconditioned Spaces) (N1103.2.1)	_____	_____	_____	_____	_____
Panel Certificate (N1101.8)	_____	_____	_____	_____	_____
Fireplace Doors (N1101.10)	_____	_____	_____	_____	_____
Comments:	_____				
	_____				
	_____				
	_____				