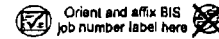




# TR1: Technical Report Statement of Responsibility

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|   |                                     |   |                                       |  |                              |
|---|-------------------------------------|---|---------------------------------------|--|------------------------------|
| <b>1 Location Information</b> <i>Required for all applications.</i>   |                                     |   |                                       |  |                              |
| House No(s) 550   |                                     | Street Name WEST 34TH STREET                              |                                       |  |                              |
| Work on Floor(s) SC, CEL, 1-51, 51M, ROOF   |                                     |   |                                       |  |                              |
| <b>2 Applicant Information</b> <i>Required for all applications.</i>  |                                     |   |                                       |  |                              |
| Choose all that apply: <input type="checkbox"/> Design Applicant 3A, 4A, 5 <input checked="" type="checkbox"/> Special Inspections Applicant 3B-D, 6-9 <input checked="" type="checkbox"/> Progress Inspections Applicant 4B-D, 6-9 |                                     |   |                                       |  |                              |
| Last Name JAO   |                                     | First Name AN-TAI   |                                       | Middle Initial                                 |                              |
| Business Name MACIA INSPECTION & TESTING LABORATORIES, INC.   |                                     | Business Telephone (718) 324-6707                         |                                       |  |                              |
| Business Address 2253 LIGHT STREET  |                                     | Business Fax (718) 324-7030                               |                                       |  |                              |
| City BRONX  |                                     | State NY  | Zip 10466                             | Mobile Telephone (845) 453-2858                |                              |
| License Type choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Other:   |                                     |   |                                       | License Number 068095                          |                              |
|   |                                     |   |                                       | Special Inspection Agency Number 000402        |                              |
| <b>3 Special Inspection Categories</b> <i>Required for all applications, continued on page 2; <input type="checkbox"/> indicates report required.</i>   |                                     |   |                                       |  |                              |
| 3A  | ← Identification of Requirement     |   | 3B Identification of Responsibilities | 3C Certificate of Complete Inspections / Tests | 3D Withdraw Responsibilities |
| Y   | N                                   | Special Inspections                                       | Initial & Date                        | Initial & Date                                 | Initial & Date               |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Steel - Welding                                | BC 1704.3.1                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Steel - Details                                | BC 1704.3.2                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Steel - High Strength Bolting                  | BC 1704.3.3                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Cold-Formed Steel                              | BC 1704.3.4                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Concrete - Cast-In-Place                                  | BC 1704.4                             |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Concrete - Precast  | BC 1704.4                             |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Concrete - Prestressed                                    | BC 1704.4                             |  |                              |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | Masonry   | BC 1704.6                             | 1.5 5/1/15                                     |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Wood - Installation of High-Load Diaphragms               | BC 1704.6.1                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Wood - Installation of Metal-Plate-Connected Trusses      | BC 1704.6.2                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Wood - Installation of Prefabricated Joists               | BC 1704.6.3                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Subgrade Inspection                                       | BC 1704.7.1                           |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Subsurface Conditions - Fill Placement & In-Place Density | BC 1704.7.2<br>BC 1704.7.3            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Subsurface Investigations (Borings/Test Pits)             | TR4 BC 1704.7.4                       |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Deep Foundation Elements                                  | TR5 BC 1704.8                         |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Helical Piles (BB # 2014-014)                             | TR5H BC 1704.8.5                      |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Vertical Masonry Foundation Elements                      | BC 1704.9                             |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Wall Panels, Curtain Walls, and Veneers                   | BC 1704.10                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Sprayed fire-resistant materials                          | BC 1704.11                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Mastic and Intumescent Fire-resistant Coatings            | BC 1704.12                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Exterior Insulation and Finish Systems (EIFS)             | BC 1704.13                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Alternative Materials - OTCR Buildings Bulletin #         | BC 1704.14                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Smoke Control Systems                                     | BC 1704.15                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Mechanical Systems  | BC 1704.16                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Fuel-Oil Storage and Fuel-Oil Piping Systems              | BC 1704.17                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | High-Pressure Steam Piping (Welding)                      | BC 1704.18                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | High Temperature Hot Water Piping (Welding)               | BC 1704.18                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | High-Pressure Fuel-Gas Piping (Welding)                   | BC 1704.19                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Stability - Existing Buildings                 | BC 1704.20.1                          |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Excavations—Sheeting, Shoring, and Bracing                | BC 1704.20.2                          |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Underpinning  | BC 1704.20.3<br>BC 1814               |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Mechanical Demolition                                     | BC 1704.20.4                          |  |                              |



# TR1: Technical Report Statement of Responsibility

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job number label here

| 3 Special Inspection Categories (continued) Required for all applications, continued on page 2; <input type="checkbox"/> Indicates report required. |                                     |   |                                       |  |                              |
|---|-------------------------------------|---|---------------------------------------|--|------------------------------|
| 3A Identification of Requirement  |                                     |   | 3B Identification of Responsibilities | 3C Certificate of Complete Inspections / Tests | 3D Withdraw Responsibilities |
| Y   | N                                   | Special Inspections   | Code/Section                          | Initial & Date                                 | Initial & Date               |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Raising and Moving of a Building  | BC 1704.20.5                          |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Soil Percolation Test - Private On-Site Storm Water Drainage Disposal Systems, and Detention Facilities | BC 1704.21.1.2                        |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Private On-Site Storm Water Drainage Disposal Systems, and Detention Facilities Installation            | BC 1704.21.2                          |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Individual On-Site Private Sewage Disposal Systems Installation   | BC 1704.22                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Soil Percolation Test - Individual On-Site Private Sewage Disposal Systems                              | BC 1704.22                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Sprinkler Systems   | BC 1704.23                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Standpipe Systems   | BC 1704.24                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Heating Systems   | BC 1704.25                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Chimneys  | BC 1704.26                            |  |                              |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | Fire-resistant Penetrations and Joints  | BC 1704.27                            | AT 5/1/15                                      |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Aluminum Welding  | BC 1704.28                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Flood Zone Compliance (attach FEMA elevation/dry floodproofing certificate where applicable)            | BC 1704.29<br>BC G105                 |  |                              |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | Luminous Egress Path Markings   | BC 1704.30<br>BC 1024.8               | AT 5/1/15                                      |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Emergency and Standby Power Systems (Generators)  | BC 1704.31                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Post-installed Anchors (BB# 2014-012, 2014-013)   | BC 1704.32                            |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Seismic Isolation Systems   | BC 1707.8                             |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Concrete Design Mix   | BC 1905.3<br>BC 1913.5                | Submit TR3 to complete this item               |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Concrete Sampling and Testing   | BC 1905.8<br>BC 1913.10               | Submit TR2 to complete this item               |                              |

| 4 Progress Inspection Categories Required for all applications. <input type="checkbox"/> Indicates report required. |                                     |   |   |  |                              |
|---|-------------------------------------|---|---|--|------------------------------|
| 4A Identification of Requirement  |                                     |   | 4B Identification of Responsibilities                               | 4C Certificate of Complete Inspections / Tests | 4D Withdraw Responsibilities |
| Y   | N                                   | Progress Inspections                      | Code/Section  | Initial & Date                                 | Initial & Date               |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Preliminary                               | 28-116.2.1, BC 110.2  |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Footings and Foundation                   | BC 110.3.1  |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Lowest Floor Elevation (attach FEMA form) | BC 110.3.2  |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Structural Wood Frame                     | BC 110.3.3  |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Energy Code Compliance Inspections        | BC 110.3.5  | Submit TR8 to complete this item               |                              |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            | Fire-Resistance Rated Construction        | BC 110.3.4  | AT 5/1/15                                      |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Public Assembly Emergency Lighting        | 28-116.2.2  |  |                              |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Final*                                    | 28-116.2.4.2, BC 110.5,<br>Directive 14 of 1975, and 1 RCNY §101-10 |  |                              |

\* For column 4C, indicate date when the actual final inspection was performed

| 5 Design Applicant's Statements and Signatures P.E./R.A. responsible for plans, choose both below and sign/seal. |  |
|--|--|
| <input type="checkbox"/>   | I have identified all of the special inspections, progress inspections and tests required for compliance.  |
| <input checked="" type="checkbox"/>  | I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1) |

Name (please print)

MICHAEL GREEN

Signature

Date

5/14/15

P.E. / R.A. Seal (apply seal, then sign and date over seal)

**6 Owner's Statement and Signature for Progress/Special Inspector Required when inspection applicant identifies responsibilities.**

I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible inspector. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print) HAGEN SCUTT

Title AGENT FOR OWNER

Signature 

Date 5/20/15

**7 Inspection Applicant's Identification of Responsibilities**

Check all that apply below:

- ☒ For the **special inspections** indicated above in section 3, I certify that I am the principal/director of the special inspection agency accepting responsibility for conducting the inspections. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with special inspections as well as 1 RCNY 101-06 Rule, which specifies the qualifications required for each inspection and that this agency meets those qualifications for each and every special inspection for which I/we take responsibility. I agree that both I and the agency will comply with all provisions of the New York City Construction Codes and the Rule. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☒ For the **progress inspections** indicated above in section 4, except energy code inspections on the TR1EN form, and/or **concrete test items** indicated in section 3, I assume the responsibility and I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests on such forms and in such matter as the Department requires or requests. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

**Final Inspection:**

- ☐ I will make final inspection of the construction work, including those inspections during its progress necessary to my certification upon final inspection that all work substantially conforms to approved construction documents and applicable laws and rules. I will confirm that the performance of progress inspections and other inspections has been documented before I report the work complete. As prescribed by 1 RCNY 101-10, I will perform the final inspection within 1 year from the expiration of the last valid permit of the work.

Upon completion of the work and within 30 days of my final inspection, I will file a certification attesting to the fact that all work was performed and completed in accordance with the approved construction documents, laws and rules, except as reported otherwise.

- ☐ I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities within one year from expiration of the last valid permit may result in the loss of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ Change of Applicant Name: I hereby designate the individual responsible for the items specified herein and I hereby state that:

- ☐ None of the inspections/tests indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

AN-TAI JAO, M.S.

Signature 

Date 5/11/15

P.E./R.A. Seal (apply seal, then sign and date over seal)

**8 Inspection Applicant's Certification of Partial Completion**

- ☐ I have completed the items specified herein and certify that the all work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations, except as indicated in the attached report.

- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for the items of special/progress inspections and/or tests indicated herein and herewith submit the results or status of the work performed to date.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

P.E./R.A. Seal (apply seal, then sign and date over seal)

**9 Inspection Applicant's Certification of Full Completion**

All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

P.E./R.A. Seal (apply seal, then sign and date over seal)