



11692 • TR209-236703.pdf

**TR2: Technical Report
Concrete Pouring, Sampling and
Compression Test Cylinders***Must be typewritten.*

DEPT BLDGS Job No. 121184841



Scan Code ESHS6884714

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 550 Street Name WEST 34TH STREET

Borough Manhattan Block 705 Lot 1 BIN 1089412 CB No. 104

Work on Floor(s) SUB C, CEL. 1-17 Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information *Required for all applications.*

Director Last Name JAO

Director First Name AN-TAI

Director Middle Initial

Business Name MACIA INSPECTION & TESTING LABORATORIES,

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

E-Mail andy@maciainspection.com

Director's Lic. Number 068095

☒ P.E. ☐ R.A.

Concrete Testing Lab Lic. Number 42

3 Licensed Concrete Testing Laboratory's Identification of Responsibilities *Required prior to Permit.*

Check all that apply below:

I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the testing of concrete and licensed concrete testing laboratories as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6), which specifies the qualifications and duties required of a licensed concrete testing laboratory and that this licensed testing laboratory meets those qualifications for the work for which I take responsibility. I agree that both I and the licensed concrete testing laboratory will comply with all provisions of the New York City Construction Codes as well as 1 RCNY §5-02 and 1 RCNY §101-07(c)(6). I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Change of Applicant: I am a newly designated individual responsible for the testing specified herein and I hereby state that:

☐ None of the tests indicated herein have been performed to date by the previously designated individual.☐ Some of the 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.E., P.E.

Signature

Date

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

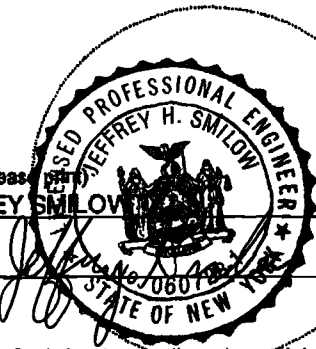
4 Design Applicant's Statement and Signature *P.E./R.A. Required prior to Permit.*

- ☒ I certify that the licensed concrete testing laboratory specified in section 2 above and engaged by the owner to perform tests on the work at the location specified in section 1 above is acceptable. (BC 1704.1)

Name (please print)

JEFFREY SMILOW

Signature



Date

12-11-14

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

5 Building Owner's Statement and Signature *Required prior to Permit.*

I certify that I have employed the licensed concrete testing laboratory specified in section 2 above in accordance with BC 1704.1. 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

12/12/14

STOP HERE PRIOR TO PERMIT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alliant Insurance Services, Inc., 131 Oliver Street, 4th Floor Boston MA 02110	CONTACT NAME: Christina Jaeger	
	PHONE (A/C, No. Ext): 617-535-7200 FAX (A/C, No.): 617-535-7205	
	E-MAIL ADDRESS: cjaeger@alliant.com	
INSURED Gilbane Building Company 88 Pine Street 27th Floor New York, NY 10005	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Liberty Mutual Fire Ins Co	23035
	INSURER B: Liberty Insurance Corporation	42404
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1727601663

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	TB2611259068024	6/30/2014	6/30/2015	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	TL2611259068054	6/30/2014	6/30/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WA761D259068034	6/30/2014	6/30/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of New York together with its officials and employees are included as Additional Insured on the GL and XS policies evidenced herein where required by written contract and executed prior to a loss. ISO CG2026 form applies.
The policy shall not be cancelled, modified, or changed in a way that affects the city by the issuing insurance company unless thirty (30) days prior written notice is sent to the Named Insured and the Commissioner of the New York City Department of Buildings, except that termination for non-payment may be made on only ten (10) days written notice.

CERTIFICATE HOLDER

CANCELLATION

City of New York Department of Buildings Attn: Licensing Unit 280 Broadway, 6th Floor New York, NY 10007	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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