



**TR8: Technical Report**  
**Statement of Responsibility for**  
**Energy Code Progress Inspection**

*This form must be typewritten*



**1 Location Information** *Required for all applications.*

House No(s) 125 Street Name East 4th Street  
Work on Floor(s) 2nd Floor

**2 Applicant Information** *Required for all applications.*

Choose all that apply: ☐ Design Applicant 3A, 4 ☐ Progress Inspections Applicant 3B-D, 5-6

Last Name Black First Name Jaques Middle Initial  
Business Name DASILVA ARCHITECTS Business Telephone 212-889-1840  
Business Address 298 Fifth Avenue, 4th Floor Business Fax 212-271-0195  
City New York State NY Zip 10001 Mobile Telephone 917-763-8185  
License Type choose one: ☐ P.E. ☒ R.A. License Number 14886

**3 Energy Code Progress Inspection** *Required for applications where Energy Code Compliance Progress Inspection is marked Yes on TR1*

| 3A Identification of Requirement |                                     |                                                |                                                  | 3B Identification of Responsibilities | 3C Certificate of Complete Inspections / Tests | 3D Withdraw Responsibilities |
|----------------------------------|-------------------------------------|------------------------------------------------|--------------------------------------------------|---------------------------------------|------------------------------------------------|------------------------------|
| Y                                | N                                   | Progress Inspections                           | Table Reference in 1RCNY §5000-01(h) (1) and (2) | Initial & Date                        | Initial & Date                                 | Initial & Date               |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Protection of foundation insulation            | (IA1), (IIA1)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Insulation placement and R values              | (IA2), (IIA2)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Fenestration thermal values and ratings        | (IA3), (IIA3)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Fenestration ratings for air leakage           | (IA4), (IIA4)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Fenestration areas                             | (IA5), (IIA5)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Air sealing and insulation — visual            | (IA6), (IIA6)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Air sealing and insulation — testing           | (IA7)                                            |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Projection factors                             | (IIA7)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Loading deck weather seals                     | (IIA8)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Vestibules                                     | (IIA9)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Fireplaces                                     | (IB1), (IIB1)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Dampers integral to building envelope          | (IB2), (IIB2)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | HVAC and service water heating equipment       | (IB3), (IIB3)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | HVAC and service water heating system controls | (IB4), (IIB4)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Duct plenum and piping insulation and sealing  | (IB5), (IIB5)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Duct leakage testing                           | (IB6), (IIB6)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Electrical metering                            | (IC1), (IIC1)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Lighting in dwelling units                     | (IC2), (IIC2)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Interior lighting power                        | (IIC3)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Exterior lighting power                        | (IIC4)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Lighting controls                              | (IIC5)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Exit signs                                     | (IIC6)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Tandem wiring                                  | (IIC7)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Electrical motors                              | (IIC8)                                           |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Maintenance information                        | (ID1), (IID1)                                    |                                       |                                                |                              |
| <input type="checkbox"/>         | <input checked="" type="checkbox"/> | Permanent certificate                          | (ID2)                                            |                                       |                                                |                              |

**4 Design Applicant's Statements and Signatures** *P.E./R.A. responsible for plans must sign and seal.*

I have identified herein all of the progress inspections and tests required for compliance.

Name (please print)

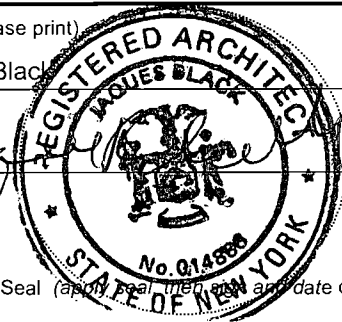
Jaques Black

Signature

Date

8/14/11

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

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

Check all that apply below:

- ☒ For the **progress inspections** indicated above in section 3, I certify that I am the principal/director of the progress 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 and 1 RCNY 5000-01 in connection with progress inspections as well as 1 RCNY 101-07, which specifies the qualifications required for each progress inspector and that this agency meets those qualifications for each and every progress 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 Rules. 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 items specified herein and I hereby state that:

- ☐ None of the inspections indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the inspections 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)

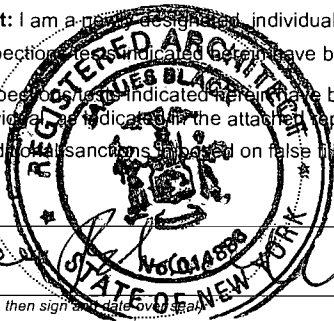
Jaques Black

Signature

Date

8/10/11

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

**6 Inspection Applicant's Certification of Completion**

- ☐ I have completed the items specified herein and certify the following (check one only):

- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Energy Conservation Code and other designated rules and regulations.
- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Energy Conservation Code and other designated rules and regulations, except 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.

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

Name (please print)

Jaques Black

Signature

Date

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