



DEPT BLDGS Job No. 220614057



Scan Code ESHS0665358

File Representative—Last Name

FREIRE

## CD5: Suspended Scaffold Application

File 3 copies / Application must be typewritten

| 1                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Application Type</b><br><input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Renewal<br><input type="checkbox"/> This is an Industrial Roped Access Job <input type="checkbox"/> This is a Site Safety Job                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
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| 2                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Location Information</b><br>Borough Bronx Block 4117 Lot 1<br>Address 1200 Van Nest Avenue Number of Stories 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Filing Representative Information</b><br>Name Artur Freire Registration # 5537<br>Business Name Herbert Rose Inc.<br>Address 43-02 Ditmars Blvd City Astoria State NY Zip 11105<br>Phone (718) 729-4900 Fax (718) 482-0661 E-Mail afe@rosenwachgroup.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Rigger/Sign Hanger Information</b><br>Name Andrew Rosenwach License # 5739<br>Business Name Herbert rose Inc.<br>Address 40-25 Crescent Street City LIC State NY Zip 11101<br>Phone (718) 729-4900 Fax (718) 482-0661 E-Mail amr@rosenwachgroup.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Owner or Managing Agent Information</b><br>Name Joe Ben-Ari Title Director of Design and Construction<br>Business Name Albert Einstein College of Medicine<br>Address 1300 Morris Park avenue City Bronx State NY Zip 10461<br>Phone (718) 430-2704 Fax (718) 430-6940 E-Mail joseph.benari@einstein.yu.edu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Job Information</b> <table border="1"><thead><tr><th>Description of Work to be Performed:</th><th>Date Submitted Stamp</th></tr></thead><tbody><tr><td>HOIST MATERIAL</td><td rowspan="5">2018 JAN 24 9:12 AM</td></tr><tr><td><i>RENEWAL</i></td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><td>Expected Start Date:</td><td>Approximate Duration of Job:</td><td colspan="2"> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |             | Description of Work to be Performed:               | Date Submitted Stamp                     | HOIST MATERIAL | 2018 JAN 24 9:12 AM | <i>RENEWAL</i>          |                                                                                                                      |                     |           | Expected Start Date:   | Approximate Duration of Job: |             |  |
| Description of Work to be Performed:                                                                                                                                                                                                                                                                                                                                                                                          | Date Submitted Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| HOIST MATERIAL                                                                                                                                                                                                                                                                                                                                                                                                                | 2018 JAN 24 9:12 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| <i>RENEWAL</i>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| Expected Start Date:                                                                                                                                                                                                                                                                                                                                                                                                          | Approximate Duration of Job:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Statements and Signatures</b> <p>I certify that the subject work and setup of equipment will be done under my supervision or under the supervision of Viron quiracocha / Pat Le (Supervisor, Foreman, or Rigger/Sign Hanger). The work will be done in a safe and workman-like manner. 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 imprisonment or fine 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.</p> <table border="1"><tr><td>Name of Licensed Rigger/Sign Hanger (please print)</td><td>Signature of Licensed Rigger/Sign Hanger</td><td>Date</td></tr><tr><td>Andrew Rosenwach</td><td><i>Andrew Rosenwach</i></td><td>1.15.18</td></tr></table> |                     |             | Name of Licensed Rigger/Sign Hanger (please print) | Signature of Licensed Rigger/Sign Hanger | Date           | Andrew Rosenwach    | <i>Andrew Rosenwach</i> | 1.15.18                                                                                                              |                     |           |                        |                              |             |  |
| Name of Licensed Rigger/Sign Hanger (please print)                                                                                                                                                                                                                                                                                                                                                                            | Signature of Licensed Rigger/Sign Hanger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| Andrew Rosenwach                                                                                                                                                                                                                                                                                                                                                                                                              | <i>Andrew Rosenwach</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.15.18             |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| <table border="1"><tr><td colspan="2"><b>Internal Use Only</b></td><td colspan="2"> </td></tr><tr><td>Approved by Examiner:</td><td rowspan="2"><b>APPROVED</b><br/>JAN 24 2018<br/>THE CITY OF NEW YORK<br/>DEPARTMENT OF BUILDINGS<br/>DIVISION OF CRANES AND DERRICKS</td><td>Application Number:</td><td>SR17/2856</td></tr><tr><td>Signature of Examiner:</td><td>Expiration Date:</td><td>MAR 29 2018</td></tr></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |             | <b>Internal Use Only</b>                           |                                          |                |                     | Approved by Examiner:   | <b>APPROVED</b><br>JAN 24 2018<br>THE CITY OF NEW YORK<br>DEPARTMENT OF BUILDINGS<br>DIVISION OF CRANES AND DERRICKS | Application Number: | SR17/2856 | Signature of Examiner: | Expiration Date:             | MAR 29 2018 |  |
| <b>Internal Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |             |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| Approved by Examiner:                                                                                                                                                                                                                                                                                                                                                                                                         | <b>APPROVED</b><br>JAN 24 2018<br>THE CITY OF NEW YORK<br>DEPARTMENT OF BUILDINGS<br>DIVISION OF CRANES AND DERRICKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application Number: | SR17/2856   |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |
| Signature of Examiner:                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Expiration Date:    | MAR 29 2018 |                                                    |                                          |                |                     |                         |                                                                                                                      |                     |           |                        |                              |             |  |

CD5 12/14

Raymond Hume, FAIA 02/08/18 - RPA MEM  
Deputy Borough Commissioner O.K. P. RECAP  
N.Y.C. Department of Buildings  
Bronx Office