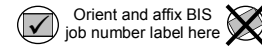




# TR8: Technical Report Statement of Responsibility for Energy Code Progress Inspections



This form must be typewritten

## 1 Location Information (required for all applications)

House No(s) **3119** Street Name **KINGSBRIDGE TERRACE** BIN No(s)

Work on Floor(s) **R00, CEL**

## 2 Applicant Information (required for all applications)

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

Last Name **STOUT** First Name **JAMES** Middle Initial **J**

Business Name **JAMES J STOUT ARCHITECT** Business Phone **(631) 858-9388**

Business Address **2 GREG LANE** Email Address **NYCSUBMISSIONS@JAMESSTOUT.COM**

City **EAST NORTHPORT** State **NY** Zip **11731** Mobile Telephone **(631) 513-0132**

License Type (choose one): ☐ P.E. ☒ R.A. License Number **021633**

## 3 Energy Code Progress Inspection (required for applications where Energy Code Compliance Progress Inspection is marked 'Yes' on TR1)

| 3A ← Identification of Requirement  |                                     |                                                       | 3B<br>Identification of<br>Responsibilities         | 3C<br>Certificate of Complete<br>Inspections/Tests | 3D<br>Withdraw<br>Responsibilities |
|-------------------------------------|-------------------------------------|-------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|------------------------------------|
| Y                                   | N                                   | Progress Inspections                                  | Table Reference in 1RCNY<br>§5000-01(h) (1) and (2) | Initial & Date                                     | Initial & Date                     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Protection of exposed 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 and door U-factor and product ratings    | (IA3), (IIA3)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Fenestration air leakage                              | (IA4), (IIA4)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Fenestration areas                                    | (IA5), (IIA5)                                       |                                                    |                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Air barrier – visual inspection                       | (IA6), (IIA6)                                       | JS 2/14/21                                         |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Air barrier – testing                                 | (IA7), (IIA7)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Air barrier continuity plan testing/inspection        | (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"/> | Ventilation and air distribution system               | (IB2)                                               |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Shutoff dampers                                       | (IIB2)                                              |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | HVAC-R and service water heating equipment            | (IB3), (IIB3)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | HVAC-R and service water heating system controls      | (IB4), (IIB4)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | HVAC-R and service water piping design and insulation | (IB5), (IIB5)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Duct leakage testing, insulation and design           | (IB6), (IIB6)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Metering                                              | (IC1), (IIC1)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Lighting in dwelling units                            | (IIC2)                                              |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Interior lighting power                               | (IC2), (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"/> | Electrical motors and elevators                       | (IIC6)                                              |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Maintenance information                               | (ID1), (IID1)                                       |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Permanent certificate                                 | (ID2)                                               |                                                    |                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Electric vehicle service equipment requirements       | (ID3)                                               |                                                    |                                    |

\* For column 3C, indicate date when the actual final inspection was performed.

If this TR8 Application is being filed electronically as part of a professionally certified application, then it must be filed simultaneously with an electronically filed POC1 form that includes all applicable applicant and owner signatures.

#### 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 commissioning required for compliance and determined whether commissioning is required.

Commissioning is required for applications where C408 or ASHRAE 90.1 Section 6.7.2.3 requires commissioning. Check one:

- ☐ This project requires commissioning and a preliminary commissioning report certification will be provided prior to sign-off.
- ☒ This project does not require commissioning.

Name (please print)

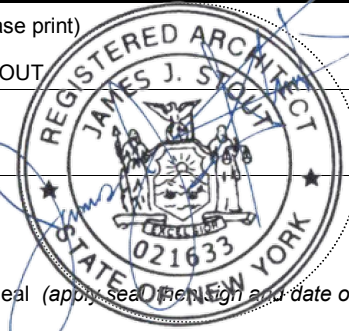
JAMES STOUT

2/14/21

Signature

Date

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 and identified by me for responsibility, I certify that I am the principal/director of the progress inspection agency accepting responsibility for conducting the inspections as identified in section 3B. 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/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)

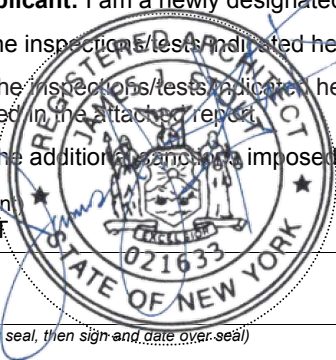
JAMES STOUT

2/14/21

Signature

Date

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)

Signature

Date

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