



TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.

☒ Orient and affix BIS job number label here ☐

Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 693 Street Name VANDALIA AVENUE
Borough BROOKLYN Block 4452 Lot 323 BIN 3398312 CB No. 305
Work on Floor(s) OSP, 001, 002, UDG, CWS Apt/Condo No(s)

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

Director Last Name NANTISTA Director First Name VINCENT Director Middle Initial
Business Name SOIL MECHANICS DRILLING CORP. Business Telephone (516) 221-2333
Business Address 3770 MERRICK ROAD Business Fax (516) 679-4373
City SEAFORD State NY Zip 11783 Mobile Telephone
E-Mail
Director's Lic. Number 43097 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 28

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

Check all that apply below:

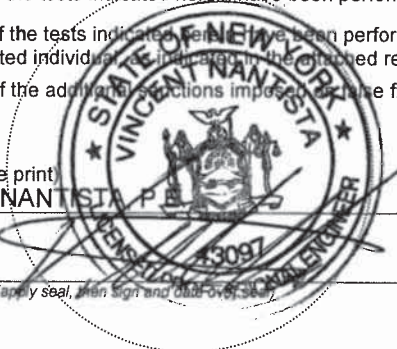
I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the testing 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) VINCENT NANTISTA P.E. 05-10-13
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)

WILLIS S. DELACOUR, P.E.

Signature

Date

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) RON WATERS

Title GENERAL MANAGER

Signature

Date

5/28/13

STOP HERE PRIOR TO PERMIT