



# TR2: Technical Report Concrete Sampling and Testing

Must be typewritten.

✓ Orient and affix BIS  
job number label here

321982645

Sheet number 1

## 1 Location Information Required for all applications.

House No(s) 2057 Street Name STRAUSS STREET

Borough BROOKLYN Block 3555 Lot 7 BIN 3828204 CB No. 316

Work on Floor(s) Apt/Condo No(s)

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

Director Last Name BANERJEE Director First Name DEBABRATA Director Middle Initial

Business Name IMPACT CONCRETE AND CONTROL INSPECTIONS Business Telephone 718-939-7774

Business Address 18-30 129TH STREET Business Fax 718-939-6444

City COLLEGE POINT State NEW YORK Zip 11356 Mobile Telephone 917-577-7540

E-Mail DBANER@GMAIL.COM

Director's Lic. Number 081431 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 000064

## 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 resting 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 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.

Name (please print)

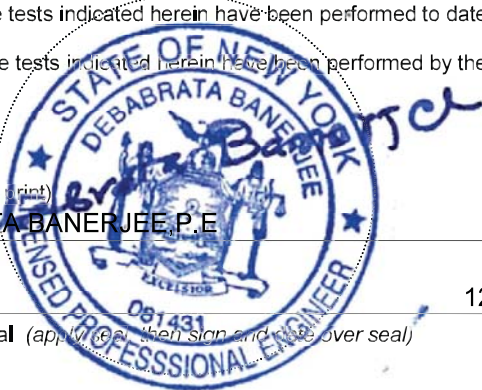
DEBABRATA BANERJEE P.E.

Signature

Date

12-16-20

P.E. / R.A. Seal (apply here, then sign and place 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)

JOSE M LOCKHART, P.E.

12-18-20

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 document with the Department.

Name (print) Aviram Chen

Title

Owner

Signature

Date

12/18/2020

**STOP HERE PRIOR TO PERMIT**

Specified Concrete Str. ( $f'_c$ ):

Required Test Age (days):

Licensed Concrete Lab Director Name (please print)

Date \_\_\_\_\_

12/14

**7 Licensed Concrete Testing Laboratory's Certification of Completion** *Required prior to Sign-off..*

- ☒ I certify that I have completed the testing specified herein and that the results reported in section 6 of this form are true and accurate in accordance with §28-406.3.2.

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 conducting the tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

Debabrata Banerjee, PE.

Signature

Date

05-15-17

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

**8 Design Applicant's Statements and Signatures** *Required prior to Sign-off. P.E./R.A. responsible for plans, choose one and sign/seal.*

- ☒ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents.

- ☐ I certify I have reviewed the test results reported by the licensed concrete testing lab in section 6 above and found them to be in compliance with the approved construction documents except as noted in the attached report (BC 1905.6).  
*Note: design applicant's signed and sealed report must be attached to this document*

Name (please print)

Signature

Date

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

**9 Concrete Producer's Statement and Signature** *Required prior to Sign-off. Must be filled out by Owner of Production Facility.*

I certify that the test results reported in section 6 above were reported to me, and I further certify that the concrete delivered is in accordance with the design mix(es) specified on the TR3 submitted for the work specified in section 1 above.

Name (print) Daniel Lage

Title President

Signature

Date

NRMCA/CIB Expiration Date (BC 1905.8.2) 03/28/18

Business Name Eastern/ Lage Industries

Business Telephone (718) 662-0362

Business Address 9814 Ditmas Avenue

Business Fax: (718) 342-3444

City Brooklyn

State <NY

Zip 12236