



TR2: Technical Report
Concrete Sampling and Testing

Must be typewritten

DEPT BLDGS Job No. 421041474



Scan Code ESHS9155480

Sheet number 1

1 Location Information Required for all applications

House No(s) 66-27

Street Name Selfridge Street

Borough Queens

Block 3160

Lot 18

BIN 4074832

CB No. 406

Work on Floor(s)

Apt/Condo No(s)

2 Licensed Concrete Testing Lab Information Required for all applications.

Director Last Name Woodcheke

Director First Name Stephen

Director Middle Initial

Business Name Twin Peaks Inc

Business Telephone (718) 482-1911

Business Address 37-39 30th Street

Business Fax (718) 482-7767

City LIC

State NY

Zip 11101

Mobile Telephone

E-Mail info@tp-labs.com

Director's Lic. Number 062239

☒ P.E. ☐ R.A.

Concrete Testing Lab Lic. Number 50

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.

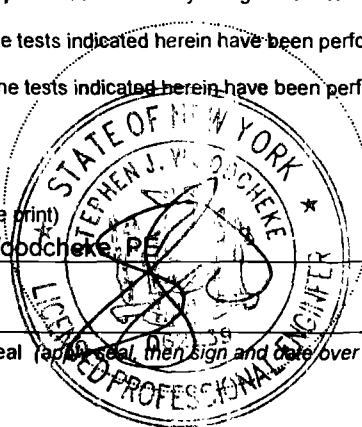
Name (please print)

Stephen Woodcheke, P.E.

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)

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)

Title

Signature

Date

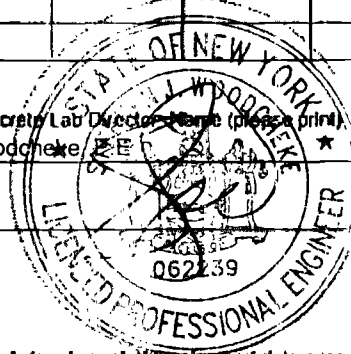
STOP HERE PRIOR TO PERMIT

Specified Concrete Str (f' c):	4,000	PSI Alpine Ready Mix	Required Test Age (days):	28
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Licensed Concrete Lab Director Name (please print)
Stephen J. Woodchuck

Signature

Date
8/21/2017



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

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)

Stephen Woodchucke PE

Signature

Date

8-21-17

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)

ANASTASIOS GEORGIOPOULOS

Signature

Date

10/11/17

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)

Maecangelo D. Cotoia

Title

Pres.

Signature

Date

10-11-17

NRMCA/CIB Expiration Date (BC 1905.8.2)

10-15-17

Business Name

Alpini Ready Mix

Business Telephone

718-456-2522

Business Address

4626 Metropolitan Ave

Business Fax:

718-628-6832

City

Ridgewood

State

NY

Zip

11385