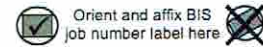
**TR8: Technical Report**  
**Statement of Responsibility for**  
**Energy Code Progress Inspections***This form must be typewritten***1 Location Information** (required for all applications)

House No(s) 40-37

Street Name 162 ST

BIN No(s) 4120472

Work on Floor(s) CEL,001,002,ROF, MEZ

**2 Applicant Information** (required for all applications)Choose all that apply: ☐ Design Applicant 3A, 4 ☒ Progress Inspections Applicant 3B-D, 5-6

Last Name OH

First Name GWANG JIN

Middle Initial

Business Name LB ENGINEERING PC

Business Phone (201) 983-3344

Business Address 325 WEST 38TH ST SUITE 704

Email Address JAMES.BENATG@G

City NEW YORK

State NY

Zip 10018

Mobile Telephone

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

License Number 088589

**3 Energy Code Progress Inspection** (required for applications where Energy Code Compliance Progress Inspection is marked 'Yes' on TR1)**3A** ← Identification of Requirement

| Y                                   | N                                   | Progress Inspections                                  | Table Reference in 1RCNY §5000-01(h) (1) and (2) | 3B                                                   | 3C                                                          | 3D                                          |
|-------------------------------------|-------------------------------------|-------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|
|                                     |                                     |                                                       |                                                  | Identification of Responsibilities<br>Initial & Date | Certificate of Complete Inspections/Tests<br>Initial & Date | Withdraw Responsibilities<br>Initial & Date |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Protection of exposed foundation insulation           | (IA1), (IIA1)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Insulation placement and R-values                     | (IA2), (IIA2)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fenestration and door U-factor and product ratings    | (IA3), (IIA3)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fenestration air leakage                              | (IA4), (IIA4)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Fenestration areas                                    | (IA5), (IIA5)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Air barrier - visual inspection                       | (IA6), (IIA6)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Air barrier - testing                                 | (IA7), (IIA7)                                    | J O 7/16/24                                          |                                                             |                                             |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Shutoff dampers                                       | (IIB2)                                           | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | HVAC-R and service water heating equipment            | (IB3), (IIB3)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | HVAC-R and service water heating system controls      | (IB4), (IIB4)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | HVAC-R and service water piping design and insulation | (IB5), (IIB5)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Duct leakage testing, insulation and design           | (IB6), (IIB6)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Metering                                              | (IC1), (IIC1)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Lighting in dwelling units                            | (IIC2)                                           |                                                      |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Interior lighting power                               | (IC2), (IIC3)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Exterior lighting power                               | (IIC4)                                           | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Lighting controls                                     | (IIC5)                                           | J O 7/16/24                                          |                                                             |                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Electrical motors and elevators                       | (IIC6)                                           |                                                      |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Maintenance information                               | (ID1), (IID1)                                    | J O 7/16/24                                          |                                                             |                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Permanent certificate                                 | (ID2)                                            | J O 7/16/24                                          |                                                             |                                             |
| <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.

#### 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)

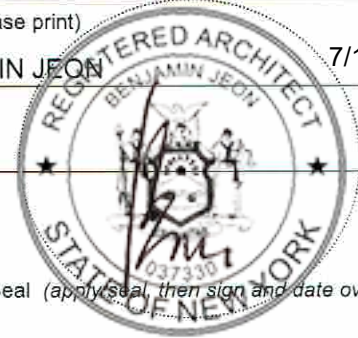
BENJAMIN JEON

7/16/24

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)

GWANG JIN OH

Signature

Date

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



7/16/24

#### 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)*