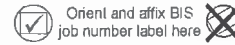




TR2: Technical Report
Concrete Sampling and Testing
Must be typewritten.



Sheet number 1

1 Location Information *Required for all applications.*

House No(s) 99-70 Street Name 163 Road

Borough Queens Block 14244 Lot 1268 BIN 4296403 CB No. 410

Work on Floor(s) 1 Apt/Condo No(s)

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

Director Last Name Haliahan Director First Name Richard Director Middle Initial T
Business Name HAKS Business Telephone 212.747.1997
Business Address 47 Hudson Street Business Fax 212.320.0369
City Ossining State NY Zip 10562 Mobile Telephone
E-Mail
Director's Lic. Number 058487 ☒ P.E. ☐ R.A. Concrete Testing Lab Lic. Number 066

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

Check all that apply below:

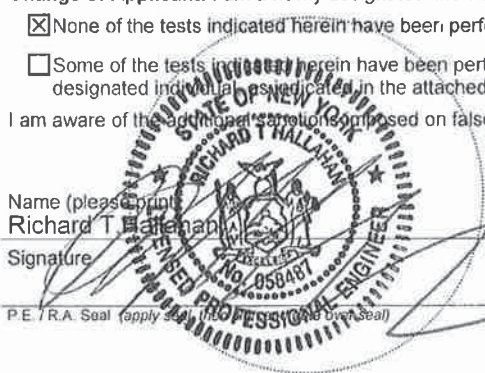
I certify that I am the director of the licensed concrete testing laboratory accepting responsibility for conducting the testing in accordance with BC 1905.6 and BC 1704.1. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with the testing 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.

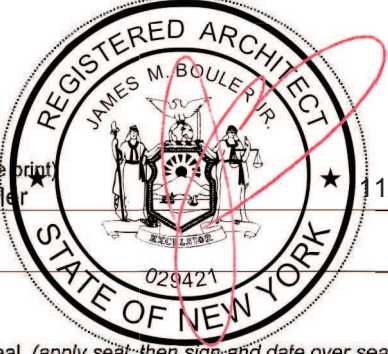
Name (please print) Richard T. Haliahan 10-16-14
Signature Date
P.E. / R.A. Seal (apply seal over this line)



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) James Bouler Date 11/10/14
 Signature _____
 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) Billy Patti Title Home-owner
 Signature Billy Patti Date 07/28/2014

STOP HERE PRIOR TO PERMIT

TR2

Sheet number of sheets

6 Test Report *Required prior to Sign-off. Use supplemental pages as needed. Attach Original Lab Test Reports*

Specified Concrete Str. (f'_c):

PSI

Specified Test Age (days):

[illegible]

Licensed Concrete Lab Director Name (please print)

Signature

Date _____

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)

Signature

Date

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 1905.6.3.3)

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)

Title

Signature

Date

NRMCA Expiration Date (BC 1905.8.2)

Business Name

Business Telephone

Business Address

Business Fax:

City

State

Zip