



# Technical Report (TR6)

## Periodic Inspection of Exterior Walls and Appurtenances

Sub-Cycle 7A – February 21, 2010 — February 21, 2012

Sub-Cycle 7B – February 21, 2011 — August 21, 2012

Sub-Cycle 7C – February 21, 2012 — February 21, 2013

Place stamp here

Must be typewritten.

For SWARMP or Safe status reports, submit one (1) microfilm, one (1) original report, and one (1) copy.

For Unsafe status or Amended reports, submit one (1) microfilm, one (1) original report, and two (2) copies.

Control #: \_\_\_\_\_

### 1 Filing Information (Indicate if combined cycles)

☐ Initial Filing

☐ Amended Filing

☐ Subsequent Filing

Report cycle: \_\_\_\_\_

Report cycle: \_\_\_\_\_

Initial filing date: \_\_\_\_\_

Last cycle filing date: \_\_\_\_\_

Initial unsafe filing date: \_\_\_\_\_

### 2 Location Information

House No(s)

Street Name

Zip

CB No

BIN

Borough

AKA

Block

Lot

### 3 Inspection Report Status Information

Current Cycle: Last Inspection Date \_\_\_\_\_

SWARMP Recommended Date \_\_\_\_\_

Prior Filing Cycle \_\_\_\_\_

☐ Safe ☐ Safe with repair and maintenance program (SWARMP) ☐ Unsafe

☐ Safe ☐ SWARMP ☐ Unsafe

### 4 Building Characteristics

Landmark Building: ☐ Yes ☐ No

Landmark District: ☐ Yes ☐ No

Wall(s) Subject to Inspection

Number of stories: \_\_\_\_\_ Exterior wall type: \_\_\_\_\_

☐ All ☐ Partial \_\_\_\_\_

### 5 Qualified Exterior Wall Inspector (QEWI) Information

Last Name

First Name

MI

Bus. Name

Bus. Address

Bus. Tel.

City

State

Zip

Bus. Fax

NYS Lic. #

☐ P.E.

☐ R.A.

Mobile Phone

E-Mail

### 6 Owner of Record Information (Not a Representative or Business Manager or Agent)

Last Name

First Name

MI

Bus. Name

Bus. Address

Bus. Tel.

City

State

Zip

Bus. Fax

E-Mail

Mobile Phone

### 7 Statements and Signatures

#### Owner / Owner Representative

(A) I hereby state that I am the owner/owner's representative of the premises referenced in the attached report. Furthermore, I have received and read a copy of the attached report and I am aware of the required repairs and/or maintenance, if any and the recommended time frame for same.

(B) I certify that all items noted as SWARMP conditions in the previous cycle's report have been corrected/repared; or this report must be rated as Unsafe as per Administrative Code section §28-302.1, if applicable.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship to owner \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

#### Qualified Exterior Wall Inspector (QEWI)

Name (please print)

Signature

Date

I hereby state that the Owner/Owner's Representative has authorized me to submit this report. Furthermore, I hereby state that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner.

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

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 imprisonment or fine or both.