



# Crane / Derrick / Mobile Work Platform

## On-Site Inspection Application / Certificate

Please Submit 2 Copies For Cranes & Derricks  
Plus Copies For Your Own Use  
Application Must Be Typewritten

SES Job# 06-062

For Internal Use Only	
CN Number	
<b>CN 223 / C6</b>	
Date Received	Fee Paid
	<b>\$150.00</b>

1. Location	
Borough:	Manhattan
Block:	54 Lot: 1
Address:	130 Liberty Street
Job Number:	
Date Available at Site for Inspection	Will Call

2. Crane / Derrick / Work Platform Information	
CD Number:	3389
Serial Number:	84095
Manufacturer:	Demag
Model:	AC500-1
Owner:	New York Crane Telephone: 718-254-9500

3. Applicant	
Name:	Peter J. Stroh, P.E.
Title:	President License No.: 072184
Business name:	Stroh Engineering Services, P.C.
Address:	102 Vanderbilt Avenue
City:	W. Babylon State: NY Zip: 11704
Telephone:	(631) 669-7531 Fax: (631) 669-6369

4. Equipment User	
Name:	Greg Blinn
Title:	President
Company:	The John Galt Company
Address:	3900 Webster Avenue
City:	Bronx State: NY Zip: 10470
Telephone:	(718) 654-5300 Fax: (718) 324-2140

Maximum Length Applied For									
Phase 1: Mast	ft	Boom	184	ft	Jib: 0	ft	Total	184	ft
Phase 2: Mast	ft	Boom		ft	Jib:	ft	Total		ft

**5. Statement and Signatures**

- This On-Site Inspection Certificate will only be used for the crane / derrick / work platform at the above mentioned site and conforms with approved plans.
- Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.
- Bribery is a crime. A person who gives or offers a bribe to any employee of the City of New York or an employee who takes or solicits a bribe, is guilty of a felony punishable by imprisonment or a fine, or both.

5A. Equipment User's Statement	
I hereby state that the above equipment will not be used until a valid On-Site Inspection is obtained.	
Equipment User's Signature	Date
	4-18-06

5B. Site Safety Coordinator Information	
Name:	Greg Blinn License Number:
Address:	3900 Webster Avenue
City:	Bronx State: NY Zip: 10470
Telephone:	(718) 654-5300 Fax: (718) 324-2140

5C. Applicant's Statement	
The applicant, having been authorized by the owner of the premises, building or structure, hereby makes application for the approval of the use of the crane / derrick / workplatform described above to be used to the above mentioned site in accordance with the accompanying plans and specifications.	
Applicant's Signature	Date
	4-17-06

As a Professional Engineer or Registered Architect, or a person having at least five years of construction experience, I hereby certify that I will act as the designated safety coordinator and shall be responsible for the control of pedestrian and vehicular traffic within the designated hoist areas. I shall also supervise compliance with this On-Site Inspection Certificate and its drawings.	
Signature	Date
	4-18-06

**APPROVED**

APR 21 2006

THE CITY OF NEW YORK  
DEPARTMENT OF BUILDINGS  
DIVISION OF CRANES AND DERRICKS

5D. Work Platform Supervisor's Statement	
As a Professional Engineer or Registered Architect, or an experienced person qualified for the installation, dismantling, operation and maintenance of the _____ (Manufacturer) _____ (Model) Work Platform under License / Certificate no.: _____ issued by the New York Mast Climbing Work Platform Committee, or by the _____ (Manufacturer), I am aware that the above equipment shall not be used as a personnel or material hoist. I will supervise the work platform installation and operation for this project in accordance with NYC approved drawing, Manufacturer's recommendation and all Federal, State and City safety regulations.	
Name:	Telephone:
Address:	
City:	State: Zip:
Signature:	Date:

For Internal Use Only	
Approved by Examiner:	Inspector's Name
Signature	Signature
Date	Date
04/21/2006	



## Technical Report: Statement of Responsibility

SES Job# 06-062

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**FORM 10F**

1. Filing Status			
<input checked="" type="checkbox"/>	Identification of responsibilities	Certification of Completed Inspections / Tests	CN Number
	Withdrawal of responsibility	<input checked="" type="checkbox"/> Directive 14 Inspection Request	CN 223 / 06

2. Location			
Borough:	Manhattan	Block:	54
House No.(s):	130	Lot(s):	1
Street Name:	Liberty Street	Ap/Condo No(s):	
Special Place Name:		Floor(s):	

3. Applicant			
Last Name:	Stroh	First Name:	Peter
Business Name:	Stroh Engineering Services, P.C.		
Address:	102 Vanderbilt Avenue		
City:	West Babylon	State:	NY
Telephone:	631-669-7531	Fax:	631-669-6369
<input checked="" type="checkbox"/> P.E.	<input type="checkbox"/> R.A.	Other:	Lic. No.: 072184

4. Crane Information (Only 1 crane will be used for this application)					
CD No.	Manufacturer	Model	Boom Length	Jib Length	Total
3389	Demag	AC500-1	184 Feet	0 Feet	184 Feet

**5. Applicant's Statement**

- Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code 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.

5A. Applicant's Statement of Responsibility (10F)	5B. Applicant's Statement of Crane Foundation Inspection (10E)
<ul style="list-style-type: none"> <li>• As a licensed Professional Engineer or Registered Architect representing the owner or contractor, I hereby state that I designed the foundation for the above crane(s) and will be on-site to inspect the said equipment and support before the commencement of work. All inspection and test reports will be signed by me and filed with the Department promptly.</li> </ul>	<p>As a licensed Professional Engineer or Registered Architect representing the owner or contractor, I hereby state that I have completed the foundation inspection on _____ and found that it conforms with all approved drawings (see note). I also found no hazardous condition existed within the scope of this examination.</p>

Note: 1) If the field condition or actual setup differs from approved plans and the structural integrity of the foundation cannot be readily proven in the field, applicant may not sign off 10E until amendment on the alternate founding design is first submitted to and approved by Cranes & Derricks Division.  
 2) For other minor deviations to approved plans, applicants may amend founding design in the field and leave 10E on site. The amended setup must be submitted with 10E to the Cranes and Derricks Division

Signature:  Date: 4/13/06	Signature: _____ Date: _____
CD # used: _____ Amendment Submitted <input type="checkbox"/> Y <input type="checkbox"/> N	



**Cranes and Derricks Division**  
**Applicants Statement of Notification to Community Boards**

Please Submit 1 Copy for Cranes & Derricks  
 Plus Copies For Your Own Use

Application Type:	<u>Crane Notice</u>
Application No.:	<u>CN 223 / 06</u>
Date filed:	_____

Borough: Manhattan

Community Board.: 01

Address: 49-51 Chambers St.  
New York, NY 10007

I, <u>Peter J. Stroh</u> , hereby state that in accordance with Department of Buildings requirements, I will mail or fax a copy of this notice within 24 hours to the above Community Board regarding the filing of this project.		
Signature	Date	Telephone number
	<u>4/13/06</u>	<u>631-669-7531</u>

Block: 54 Lot: 1

Location: 130 Liberty Street

1. Number of Stories 39

2. Occupancy Commercial  
(Multiple Dwelling, Commercial, Garage, Stores and Offices, Store and Factory, Bank and Class A, Etc.)

3. No. of Apts. \_\_\_\_\_ Current \_\_\_\_\_ Proposed \_\_\_\_\_

3A. No. of SRO's. \_\_\_\_\_ Current \_\_\_\_\_ Proposed \_\_\_\_\_

4. Work Proposed Mobile Crane Installation  
(CD# 3389)



5. Name and Address of

Applicant Peter J. Stroh, P.E. Address 102 Vanderbilt Ave., West Babylon, NY 11704

Owner Mendes, Luis - LMDC Address 1 Liberty Plaza New York, NY 10006

Architect \_\_\_\_\_ Address \_\_\_\_\_

Engineer Stroh Eng. Services, P.C. Address 102 Vanderbilt Ave., West Babylon, NY 11704