

CN Number: \_\_\_\_\_

The crane or derrick may not operate until it has passed all inspections and tests required by 1 RCNY §3319-01(k) and the CD8 form, and as applicable, the CD8-AD and CD8-TR forms, have been submitted to the Department. If the crane or derrick fails an inspection or test required by 1 RCNY §3319-01, and the condition that led to the failure is not corrected by the end of the inspection or test, such condition must be reported to the Department at the conclusion of the inspection nor test. Issues that pose an immediate hazard to the safety of the public or property must immediately be reported to the Department.

## 1 FILING STATUS

- Identification of Responsibilities   
  Initial Installation   
  Amendment # \_\_\_\_\_   
  Certification of Completed Inspections  
 Identification of Requirement   
  Annual Renewal   
  Phase# \_\_\_\_\_ Position# \_\_\_\_\_ Jump \_\_\_\_\_   
  Withdrawal of Responsibility

## 2 LOCATION INFORMATION *(must match information provided on CD4 form)*

House No(s) \_\_\_\_\_ Street Name \_\_\_\_\_  
 Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ BIN \_\_\_\_\_ Job Number \_\_\_\_\_

## 3 BUILDING OWNER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## 4 CRANE/DERRICK INFORMATION *(enter CD information of the crane or derrick that was inspected)*

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Amendment required?  Yes  No

CD Number	Serial Number	Expiration Date	Boom (ft.)	Mast (ft.)	Jib (ft.)	Total (ft.)

## 5 SPECIAL INSPECTION CATEGORIES *(see 1 RCNY §3319-01 (k))*

5A: Identification of Requirement			5B: Identification of Responsibilities	5C: Cert. of Complete Inspections/Tests	5D: Withdraw Responsibilities
Y	N	SPECIAL INSPECTIONS	INITIAL & DATE	INITIAL & DATE	INITIAL & DATE
<b>Tower Crane Foundations</b>					
<input type="checkbox"/>	<input type="checkbox"/>	Concrete Construction	BC 1705.3		
<input type="checkbox"/>	<input type="checkbox"/>	Subgrade Inspection	BC 1705.6		
<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Conditions-Fill Placement/In-place Density	BC 1705.6		
<input type="checkbox"/>	<input type="checkbox"/>	Deep Foundations	BC 1705.7		
<input type="checkbox"/>	<input type="checkbox"/>	Prestressed Rock and Soil Anchors	BC 1705.8.1		
<b>Modifications to Base Building &amp; Adjacent Structures</b>					
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - Welding	BC 1705.2.1		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - Details	BC 1705.2.2		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - High Strength Bolting	BC 1705.2.3		
<input type="checkbox"/>	<input type="checkbox"/>	Concrete Construction	BC 1705.3		
<input type="checkbox"/>	<input type="checkbox"/>	Subgrade Inspection	BC 1705.6		
<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Conditions-Fill Placement /In-place Density	BC 1705.6		
<input type="checkbox"/>	<input type="checkbox"/>	Deep Foundations	BC 1705.7		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Stability - Existing Building	BC 1705.25.1		
<input type="checkbox"/>	<input type="checkbox"/>	Excavations - Sheeting, Shoring, Bracing	BC 1705.25.3		
<input type="checkbox"/>	<input type="checkbox"/>	Underpinning and alternate methods of support of buildings and adjacent property	BC 1705.25.4		
<b>Crane/Derrick Platforms/Dunnage/Ramps &amp; Connection to Base Building Structure</b>					
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - Welding	BC 1705.2.1		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - Details	BC 1705.2.2		
<input type="checkbox"/>	<input type="checkbox"/>	Structural Steel - High Strength Bolting	BC 1705.2.3		
<input type="checkbox"/>	<input type="checkbox"/>	Concrete Construction	BC 1705.3		

**6 DESIGN APPLICANT INFORMATION** *(must match information provided on CD4 form)*

Last Name	First Name	M.I.
Business Name		PE License #
Address		
City	State	Zip
Phone	Email	

**7 INSPECTION APPLICANT INFORMATION**

Last Name	First Name	M.I.
Business Name		SIA Registration #
Address		
City	State	Zip
Phone	Fax	Email

**8 STATEMENTS & SIGNATURES**

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. 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.

**8A DESIGN APPLICANT'S STATEMENT OF RESPONSIBILITIES** *(to be completed by the crane Engineer of Record)*

I have identified all of the special inspections and tests required for compliance.  
I certify that the Special Inspection and Approved Agencies engaged by the owner or contractor to inspect the work specified above are acceptable. (BC 1704.1)

**I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities immediately may result in the loss of my filing privileges or issuance of a violation, or both. I am aware of the additional sanctions imposed on false filings by the Administrative Code.**

Name *(please print)* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*P.E. Seal - apply seal, then sign and date over seal*

**8B BUILDING OWNER'S STATEMENT OF SPECIAL INSPECTION** *(required when inspection applicant identifies responsibilities in Box 5)*

I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible inspector. 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

Name *(please print)* \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**8C INSPECTION APPLICANT'S IDENTIFICATION OF RESPONSIBILITIES** (to be completed by Owner's Special Inspection Agency)

For the **special inspections** indicated above in SECTION 5, I certify that I am the principal/director of the special inspection agency accepting responsibility for conducting the inspections identified as they relate to 1 RCNY 3319-01 (k) (6). I further certify that I have read the applicable sections of the New York City Construction Codes in connection with special inspections as well as 1 RCNY §101-06, which specifies the qualifications required for each inspection and that this agency meets those qualifications for each and every special 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 of the City of New York.

Upon completion of the inspection, I shall provide final inspection reports to the Crane Design Applicant and sign and stamp **Box 8D** attesting to the fact that all work was performed and completed in accordance with the approved construction documents.

**I understand that my failure to file a certification of completion or to immediately notify the Department of my withdrawal of responsibilities may result in the loss of my filing privileges or issuance of a violation, or both.**

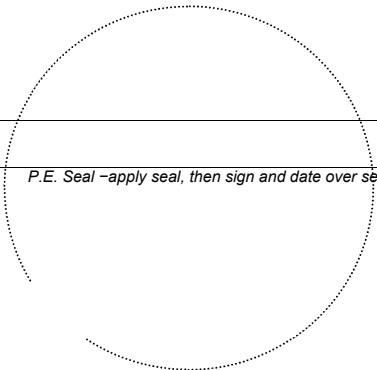
**Change of Applicant:** I am a newly designated individual responsible for the items specified herein and I hereby state that:

- 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.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*P.E. Seal –apply seal, then sign and date over seal*



**8D INSPECTION APPLICANT'S CERTIFICATION OF SPECIAL INSPECTION** (to be completed by Owner's Special Inspection Agency)

All crane and derrick supporting structures subject to special inspection in accordance with 1 RCNY §3319-01 (k) (6) conform to approved construction documents and inspections have been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*P.E. Seal –apply seal, then sign and date over seal*

