EERC2: Professional Certification: Retro-commissioning Agent and Owner Statements

Must be typewritten.

LL87@buildings.nyc.gov

1 Filing Status *Required for **all** applications.*

Indicate type: ☐ Initial Filing ☐ Amendment ☐ Exception (LEED)

2 Location Information *Required for **all** applications.*

House No.(s) Street Name

Borough Block Lot BIN(s) (attach sheet)

3 Retro-commissioning Team Structure *Required for **all** applications.*

Choose one:

☐ Registered Design Professional Conducting Retro-Cx *If selected, 4 & 5A*

☐ Registered Design Professional Supervising Retro-commissioning Agent(s) *If selected, 4 & 5A*

☐ DOB Registered Retro-commissioning Agent *If selected, 5B*

☐ Certified Refrigerating System Operating Engineer *If selected, 4 & 5A*

☐ Licensed High Pressure Boiler Operating Engineer *If selected, 4 & 5A*

4 Professional's Certification

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws including AC § 28-308.3, including the rules of the Department of Buildings and the Rules of the City of New York, including 1RCNY § 103-07(c)(2) and 103-07(g), as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including being barred from filing any documents with the Department of Buildings, and termination of participation in the professional certification procedures at the Department of Buildings.

Name (please print)

Signature Date

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

License Number _____

5 Retro-commissioning Team Qualifications *Complete 5A **OR** 5B for **all** applications.*

5A

Last Name First Name Middle Initial

Type of Certification: *Choose one*

☐ Certified Commissioning Professional (CCP)

☐ Certified Building Commissioning Professional (CBCP)

☐ Existing Building Commissioning Professional (EBCP)

☐ Commissioning Process Management Professional (CPMP)

☐ Accredited Commissioning Process Authority Professional (ACPAP)

Certification Expiration Date: _____

Years of Experience Retro-commissioning buildings >50,000 gsf: ___

Signature and Date: _____

5B

Last Name First Name Middle Initial

Type of Certification: *Choose one*

☐ Certified Commissioning Professional (CCP)

☐ Certified Building Commissioning Professional (CBCP)

☐ Commissioning Process Management Professional (CPMP)

☐ Existing Building Commissioning Professional (EBCP)

DOB Registration Number: _____

Signature and Date: _____

Years of Experience Retro-commissioning buildings >50,000 gsf: ___

6 Owner's Statement *Required for **all** applications.*

I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations.

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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Signature and Date ▶