

Retaining Wall Inspection Program (RWIP) RWIP2: Additional Extension of Time Request Application must be typewritten

1	Retaining Wall Location Information						
	House No(s) Street Name			Zip (CB No	BIN	
_	Borough AKA			Block	Lot	WIN	
2	Report Information						
	Additional Request # 1 st 2 nd 3 rd	4 th _ 5 th _					
	Last Inspection Date (mm/dd/yyyy)	Extension Request Sta	art Date	(mm/dd/yyyy)	Initial Filing F	Date	(mm/dd/yyyy
3	Documentation						
	Scope of Work has been reviewed as pe	er current work peri	mit requireme	ents: Check One			
	□ No Permit is required						
	Copy of shed/fence permit provided						
	Scope of work requiring a permit						
	Description:						
	Work that has been completed since the		-	Dated photogram	raphs provider	d	
	Description:		. <u></u>		·····		
	Remaining work to be completed						
	Description:						
	Description						
	Reason for delay:						
	Estimated Date of Completion						
			y)				
4	Qualified Retaining Wall Inspector (QR						
	Last Name		st Name			MI	
	Address		ephone		Fax		
<u> </u>	City	State	Zip		E-Mail		
5							
	Last Name	First Name				MI	
	Address		phone		Fax		
Ļ,	City	State	Zip		E-Mail		
6		in contificates		- conlication			" shall be
	New York City Administrative Code 28-211.1 False sta unlawful for any person to make a material false statem correction of a violation required under the provisions of	ment in any certificate, p	professional certif	tification, form, signed st	statement, applic	cation, report or cert	rtification of the
	correction of a violation required under the provisions of be false.	of this code or any rule of	of any agency. بس	omulgated thereunuer	that such person	n knew or snourd in	ave known to
	Name (please print)			<u> </u>		Data	
	Signature		/	(Date	e (mm/dd/yyyy
	NY	(SPE Seal (apply s	eal, then sign	and date over seal)			
	Internal Use Only						
1111	Extension is hereby:	<u>/////////////////////////////////////</u>	11111111111	<u>/////////////////////////////////////</u>	<u>/////////////////////////////////////</u>	111111111111	<u>IIIIIII</u>
,	Granted: LENGTH OF EXTENSION SHALL BE DAYS COMMENCING (mm/dd/yyyy)						
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-	Technical Examiner Name:	Signature:					e: