



Technical Report (TR16)
Periodic Inspection of Retaining Walls
 Bronx – January 1, 2014 — December 31, 2014
 Manhattan – January 1, 2015 — December 31, 2015
 Staten Island – January 1, 2016 — December 31, 2016
 Queens – January 1, 2017 — December 31, 2017
 Brooklyn – January 1, 2018 — December 31, 2018

Must be typewritten. See reverse side for instructions.

CYCLE #: _____ WIN _____

1 Filing Information (Indicate if combined cycles) (check all that apply)

Initial Filing Amended Filing Subsequent Filing Retaining Wall Assessment Program/Plan

Last cycle filing date: _____ Initial unsafe filing date: _____ Initial filing date: _____

2 Retaining Wall Location Information

| | | | | |
|-------------|-------------|-------|-------|-----|
| House No(s) | Street Name | Zip | CB No | BIN |
| Borough | AKA | Block | Lot | |

3 Inspection Report Rating Information

Current Cycle: Last Inspection Date _____ SMRM/SREM Recommended Date _____

Safe Safe with minor repair or maintenance (SMRM) Safe with repair and/or engineering monitoring (SREM) Unsafe

4 Retaining Wall Characteristics

Retaining Wall Material: _____

Retaining Wall Construction Type: _____ Maximum Exposed Wall Height (feet): _____ Retaining Wall Length (feet): _____

5 Qualified Retaining Wall Inspector (QRWI) Information

| | | |
|------------|--------------|--------------|
| Last Name | First Name | MI |
| Bus. Name | Bus. Address | Bus. Tel. |
| City | State | Zip |
| NYS Lic. # | P.E. | Mobile Phone |
| E-Mail | | |

6 Property Owner Information Private Parks DOT Other Public _____

| | | |
|-----------|--------------|--------------|
| Last Name | First Name | MI |
| Bus. Name | Bus. Address | Bus. Tel. |
| City | State | Zip |
| E-Mail | | Mobile Phone |

7 Statements and Signatures

Owner / Owner Representative

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 as per New York City Administrative Code Article 6 and Local Law 37/2008.

Name _____ Signature _____
 Relationship to owner _____ Phone _____
 Email _____ Date _____

Qualified Retaining Wall Inspector (QRWI)

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. Seal (apply seal, then sign and date)

New York City Administrative Code 28-211.1 False statements in certificates, forms, written statements, applications, reports or certificates of correction. It shall be unlawful for any person to make a material false statement in any certificate, professional certification, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or any rule of any agency promulgated thereunder that such person knew or should have known to be false.