



DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES  
60 HUDSON STREET, NEW YORK, NY 10013

CHARLES M. SMITH, Jr., R.A., Commissioner

Issuance # 32

STEWART D. O'BRIEN  
Deputy Commissioner  
Administration & Operations  
312-8001

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Operations  
Policy & Procedure # 11/87

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TO: Distribution

FROM: Stewart D. O'Brien, Deputy Commissioner

DATE: July 27, 1987 7/27/87 SDO

SUBJECT: Site Safety Manager Certificate

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Effective October 1, 1987 the Department of Buildings will not approve any plans where the proposed site safety manager has not received a Site Safety Manager Certificate (example attached). The Department of Personnel has qualified some individuals through the initial phases of the certification process. Those individuals have been given letters from the Commissioner (example attached). Between now and October 1, 1987 we will accept a copy (original to be displayed) of the letter in lieu of a review of the individual resume.

/dd

RESCINDED



DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES  
60 HUDSON STREET, NEW YORK, NY 10013

CHARLES M. SMITH, Jr., R.A., Commissioner  
312-8100

July 15, 1987

I want to extend my congratulations to you for having met all of the requirements for Site Safety Manager.

Please fill out the enclosed application for your Site Safety Manager Certificate and return it to the address thereon. Your Certificate will be required in order for you to work as a Site Safety Manager. In the interim, this letter will serve as temporary certification. It should be kept at the job site at which you are employed.

Your role in ensuring the safety of construction in New York City is an important one. Although you are employed by the contractor, you have an obligation to assure that the provisions of Article 19 of the New York City Building Code are enforced, and I hope that you will carry out your responsibilities diligently.

All the best.

Sincerely,

Charles M. Smith, Jr.  
Commissioner

CMS:mh

RESCINDED

FRONT

N.Y.C.  
DEPARTMENT OF BUILDINGS  
DIVISION OF LICENSES  
60 HUDSON ST., N.Y.C.

CERTIFICATE NO. \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

**SITE SAFETY MANAGER**

THE APPLICANT HAS BEEN CERTIFIED AS A SITE SAFETY MANAGER  
IN ACCORDANCE WITH 27-1007 OF THE ADMINISTRATIVE CODE.

\_\_\_\_\_  
COMMISSIONER

APPLICANT: FILL IN BELOW—SIGN ON OTHER SIDE

NAME \_\_\_\_\_  
PRINT OR TYPE FULL NAME

STREET & NO. \_\_\_\_\_  
LEGAL RESIDENCE

CITY/STATE/ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ Z

THIS CERTIFICATE IS NOT VALID UNTIL VALIDATED BY ISSUING DIVISION

N.Y.C.  
DEPARTMENT OF BUILDINGS  
DIVISION OF LICENSES  
60 HUDSON ST., N.Y.C.

CERTIFICATE NO. \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

(DO NOT WRITE IN ABOVE SPACES)

**SITE SAFETY MANAGER**

IMPORTANT NOTICE: LICENSE SHALL BE RENEWED THREE YEARS  
FROM ISSUING DATE AT LEAST THIRTY DAYS  
PRIOR TO EXPIRATION DATE

\_\_\_\_\_  
COMMISSIONER

APPLICANT: FILL IN BELOW—SIGN ON OTHER SIDE

NAME \_\_\_\_\_  
PRINT OR TYPE FULL NAME

STREET & NO. \_\_\_\_\_  
LEGAL RESIDENCE

CITY/STATE/ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ Z

RENEWAL STUFF—DETACH ONLY FOR RENEWAL

BACK

**DOCUMENT #**

THIS CERTIFICATE IS NOT TRANSFERABLE AND SHALL BE  
MADE AVAILABLE UPON DEMAND.

ANY ALTERATION VOIDS THIS CERTIFICATE

The applicant whose photo  
appears herein is certified  
as a Site Safety Manager.

Falsification of any statements  
made herein is an offense pun-  
ishable by fine or imprisonment  
or both. (N.Y.C. Administrative  
Code, Section 26-124)



SIGN YOUR NAME IN FULL—NO INITIALS

**DOCUMENT #**

THIS RENEWAL STUFF MUST ACCOMPANY  
YOUR CHECK FOR RENEWAL

I certify that I am the holder of a currently valid and/or renewable license  
and if this is a duplicate license request and license has been lost, mutilated  
or destroyed, if license is found after issuance of a duplicate I shall surrender  
the recovered license to the Department of Buildings and advise that a dupli-  
cate has been issued.

ENTER CHANGE OF ADDRESS BELOW

STREET  
& NO \_\_\_\_\_  
GIVE LEGAL RESIDENCE

CITY OR  
BORO \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Falsification of any statements made herein is an offense punishable by fine  
or imprisonment or both. (N.Y.C. Administrative Code, Section 26-124)

SIGN YOUR NAME IN FULL—NO INITIALS

RESCINDED



Issuance #35

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES  
60 HUDSON STREET, NEW YORK, NY 10013

CHARLES M. SMITH, Jr., R.A., Commissioner

STEWART D. O'BRIEN  
Deputy Commissioner  
Administration & Operations  
312-8001

M E M O R A N D U M

TO: Distribution

FROM: Stewart D. O'Brien, Deputy Commissioner

DATE: July 30, 1987 7/31/87 SDO

SUBJECT: Amendment to Operations Policy & Procedure #2/87

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Please be advised that the telephone appointment system is being changed in all boroughs to permit appointments to be made five days in advance instead of three.

/dd

RESCINDED