



Technical Report (TR6)
Periodic Inspection of Exterior Walls and Appurtenances
 Sub-Cycle 8A – February 21, 2015 — February 21, 2017
 Sub-Cycle 8B – February 21, 2016 — February 21, 2018
 Sub-Cycle 8C – February 21, 2017 — February 21, 2019

Place stamp here

Must be typewritten.

For all reports, submit a digital copy of report in a DVD or CD format, a BIS Façade printout, a completed TR-6 and the Batch Intake form (FB1). The digital copy must be indexed with a Control Number and BIN. E.g. Control # -- BIN

Control #: _____

1 Filing Information (Indicate if combined cycles)

Initial Filing	Resubmission	Amended Filing	Subsequent Filing
Report cycle: _____		Report cycle: _____	Initial filing date: _____
Last cycle filing date: _____		Initial unsafe filing date: _____	

2 Location Information

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

3 Inspection Report Status Information

Current Cycle: Last Inspection Date _____	SWARMP Recommended Date _____	Prior Filing Cycle _____
<input type="checkbox"/> Safe	<input type="checkbox"/> Safe with repair and maintenance program (SWARMP)	<input type="checkbox"/> Unsafe
<input type="checkbox"/> Safe	<input type="checkbox"/> SWARMP	<input type="checkbox"/> Unsafe

4 Building Characteristics

Landmark Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landmark District: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wall(s) Subject to Inspection
Number of stories: _____	Exterior wall type: _____	# Balconies: _____
		<input type="checkbox"/> All <input type="checkbox"/> Partial

5 Qualified Exterior Wall Inspector (QEWI) Information

Last Name	First Name	MI
Bus. Name	Bus. Address	Bus. Tel.
City	State	Zip
NYS Lic. #	<input type="checkbox"/> P.E. <input type="checkbox"/> R.A.	Mobile Phone
E-Mail		

6 Owner of Record Information (Not a Representative or Business Manager or Agent)

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

(A) 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.

(B) I certify that all items noted as SWARMP conditions in the previous cycle's report have been corrected/repared; or this report must be rated as Unsafe as per Administrative Code section §28-302.1, if applicable.

Name _____ Signature _____

Relationship to owner _____ Phone _____

Email _____ Date _____

Qualified Exterior Wall Inspector (QEWI)

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. / R.A. Seal (apply NYS seal, then sign and date)

§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 there under that such person knew or should have known to be false.