



MC4: Mast Climber Notice Application

File 4 copies / Application must be typewritten

CN Number: _____

Position Number: _____

1 Application Type

New Renewal Amendment

Site Safety Project Yes No

2 Location Information

Job Number _____ Address _____
 Borough _____ Block _____ Lot _____ BIN _____

3 Mast Climber Information

Make	Model	Prototype #	Total Mast Height	Platform Length

4 Mast Climber Owner Information

Name _____ Title _____
 Business Name _____
 Address _____ Phone _____ Fax _____
 City _____ State _____ Zip _____
 E-Mail _____

5 Engineer Information

Name _____ Title _____
 Business Name _____ License # _____
 Address _____ Phone _____ Fax _____
 City _____ State _____ Zip _____
 E-Mail _____

6 Engineer's Statement and Signature

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.

I have been authorized by the owner of the above mentioned mast climber to submit the accompanied construction documents for the use of the mast climber at the above mentioned address. I prepared or supervised the preparation of the construction documents herewith submitted and to the best of my knowledge and belief the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules, (check here if) except as set forth in the accompanying documents.

Name (please print) _____

Signature _____ Date _____

Seal (apply seal, then sign and date over seal)

7 Additional Contact Information

Owner	Developer	General Contractor	Construction Manager
Name _____	E-Mail _____	Name _____	E-Mail _____
Business Name _____		Business Name _____	
<input type="checkbox"/> Owner <input type="checkbox"/> Developer		<input type="checkbox"/> General Contractor <input type="checkbox"/> Construction Manager	
Name _____	E-Mail _____	Name _____	E-Mail _____
Business Name _____		Business Name _____	

Internal Use Only

Date Received _____ Invoice/Receipt Number _____
 Examiner's Name (please print) _____
 Signature _____ (Issuance) Date _____
 Expiration date _____