

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 \_\_\_\_\_ Bus. Fax \_\_\_\_\_  
 NYS Lic. # \_\_\_\_\_  P.E. \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## 6 PROPERTY OWNER INFORMATION

**Private**   
  **Parks**   
  **DOT**   
  **Other Public** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Bus. Name \_\_\_\_\_ Bus. Address \_\_\_\_\_ Bus. Tel. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## 7 STATEMENTS & 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)*