

CD25: On-Site Waiver

File 4 copies / Application must be typewritten

	Limited Use (OW) Number:						
1A	A Application Type 1B Limited Use Type						
L::``	Initial	Amendment	Pile Driver/Clamshell 48 Hours Service Crane				
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2	Location Information						
	Porquah			Block	Lot		
	Borough Address			BIUCK	Job Number		
3	Equipment Informa	ation					
		CD Number	Expiration Date		CD Number	Expiration Date	
	1			4			
	3			5 6			
	3			0			
4 Applicant Information							
_	Name						
	Title Lic#						
	Business Name						
	Address						
	City			State	Zip		
	Phone			E-Mail			
5	Equipment User Information						
	Name Title						
	Company						
	Address						
	City			State	Zip		
	Phone						
	E-Mail						
6	C Statement and Signature						
0	6 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	er applications or docume	nts with the Departmen	t.		, , ,	
6A	Applicant's Statem	ent					
	The applicant, having been authorized by the owner of the premises, building or structure, hereby makes application for an on-site waiver for the						
	mobile crane, service crane, pile driver, or clamshell described above to be used at the above-mentioned site in accordance with the accompanying specifications. I certify that the accompanying specifications are in accordance with the New York City Construction Codes and other applicable laws and rules.						
	The application in the unit			\			
				\			
	Name (please print)						
	Signature			Date			
	Seal (apply seal, then sign and date over seal)						



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Buildings

	Limited Use (OW) Number:							
6 D	Facilities and the order Obstance of							
6B								
	I hereby state that the above referenced equipment will be installed and used in accordance with the accompanying specifications and limitations of the on-site waiver as described in 1 RCNY 3319-01(c).							
	Name (please print)							
	Signature Date							
7	Additional Information							
	Internal Use Only							
,,,,,	Date Received Invoice/Receipt Number	Fee Paid						
	Examiner's Name (please print)	Status: Approved Disapproved Withdrawn						
	Signature (Issuance) Date	Comments:						
	Expiration date							