

OTCR2: Site-Specific and Electrical Equipment Application Please file 1 copy Application must be typewritten

1	Applicant Contact Information									
	Applicant:									
	Last Name	First Name		Middle Initial						
	Company									
	Address			Telephone						
	City State	Zip	E-mail addres	ddress						
	Type : Registered Design Professional	Manufacturer	Installer							
	Owner (Site Specific Applications):									
	Last Name	First Name		Middle Initial						
	Company			— · · ·						
	Address State	Zin	E mail addra	Telephone						
•	City State	Zip	E-mail addre	55						
2	Application Type									
	Material Evaluation (Construction Codes)	Electrical E	quipment Evaluatio	n (Electrical Code)						
3	Product Information									
	Product Name: Manufacturer Name: Model:									
	Contact Person	Teleph		Email						
	Construction Code Only (Skip this section for Electrical Equipment evaluations)									
		Standard Evaluation								
		Specific Materials (Check one, see website for checklist of submitted documents):								
	Automated Parking Garage Solid fuel cooking appliance Energy storage									
	Deployable draft curtain	Deployable smoke	econtainment							
-	Supporting Documents attached: Product literature Installation instructions Preliminary plans									
4	Nature of Request									
	Construction Codes	Construction Codes								
	Material Evaluation Evaluation of Test Report (OTCR3 Required) CCD1 Referral (CCD1#									
	Attach Narrative (ie., Code Anal	ysis, where installed)								
	Electrical Code									
	Site Specific (provide Field Evaluation)	General (provide lis	sting)							
5	Project Information (All Construction Co	de applications, site-sp	ecific Electrical C	ode applications)						
	Location (Address)	Street								
	City	State	Zip	DOB Job Number:						
6	Notary (Required for Electrical Equipmer	nt Evaluations)								
	Notarization (required)			ary Seal						
	State of, County of: Sworn to or affirmed before me this day of 20									
	Notary Signature Notary Public for the State of									
7	Statements and Signatures									
				s unlawful to give to a city employee, or for a city employee shange for special consideration. Violation is punishable by						
	A check in the amount of \$600 payable to the NYC DEPARTMENT OF BUILDINGS must accompany this application.									
	I certify that all information is accurate and no undue influence will be placed on the Agency performing the review									

Print Name	Date			
Internal Use Only				
Check Number	Date	Amount	Examiner's Signat	ture