



## The Adjacent Building Challenge to New Construction Projects in New York City

**DATE:** Tuesday, June 29, 2010  
**TIME:** 8:00 a.m. breakfast, 8:30 a.m.-10:30 a.m. program  
**PLACE:** REBNY Offices – 570 Lexington Avenue, 2nd Floor New York, NY  
**COST:** \$65 per person for AGC NYS & REBNY Members  
\$105 per non-member  
(Price includes continental breakfast)

**SPEAKERS:** Howard Rosen, Esq. – Peckar & Abramson, P.C.  
Dave Peraza, P.E. – Exponent Engineering P.C.  
David Marino – AON

---

**It is anticipated that 1.5 hours of CLE credit will be awarded for completion of this program.**

Please join us for this critically important panel discussion covering the legal, technical and risk management issues during the new construction of an adjacent property.

Topics covered:

- Common law and legal requirements for protecting the adjoining property during construction.
- The practical and legal methods of obtaining the adjoining neighbor's consent to take protective measures.
- How does the developer, engineer and contractor team address the risks and liabilities of potential and actual damage caused to the adjoining building.
- Discussion of damaged buildings, which we would tie back to insurance, subcontractor liability and the license issues.
- A discussion on the reform of the NYC Building Code with NYC DOB General Counsel Steve Kramer relative to the Adjacent Building challenges.

## AGC NYS & REBNY- Registration Form

# The Adjacent Building Challenge to New Construction Projects in New York City

Tuesday, June 29, 2010

8:00 a.m. breakfast, 8:30 a.m-10:30 a.m. program.

REBNY Offices – 570 Lexington Avenue, 2nd Floor, New York, NY 10022

**It is anticipated that 1.5 hours of CLE credit will be awarded for completion of this program**

**Fees:** \$65 for AGC NYS & REBNY members  
\$105 for non-members

Name(s) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Affiliation:**     AGC NYS     REBNY (Member ID# \_\_\_\_\_)     Non-member

**Payment:**     Check is enclosed (payable to AGC NYS)

Please charge my credit card (circle one): Visa, MC, AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address Street # \_\_\_\_\_ Zip Code of Billing Address \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

Total Charge Amount \$ \_\_\_\_\_

**Cancellation Policy:** Refunds will be given only if your reservation is cancelled 48 hours in advance.

**Fax or mail form to:** AGC NYS, 10 Airline Drive, Suite 203, Albany, NY 12205

**Fax 518-456-1198**

