



PW1: Plan / Work Application
Must be typewritten.

Orient and affix BIS Job number label here

1 Location Information Required for all applications.

House No(s) 135 Street Name EAST 47TH STREET
 Borough MANHATTAN Block 01302 Lot 00025 BIN 1036212 C.B. No. 106
 Work on Floor(s) 001 to 049, SC, CEL, ROF, OSP Apt. / Condo No(s)

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.

Last Name ETTINGER First Name ERIC Middle Initial S
 Business Name ETTINGER ENGINEERING ASSOCIATES Business Telephone (212) 244-2410
 Business Address 505 8TH AVENUE Business Fax
 City NEW YORK State NY Zip 10018 Mobile Telephone
 E-Mail ERIC@ETTINGERENGINEERING.COM License Number 060293
 Choose one: P.E. R.A. Sign Hanger R.L.A. Other:

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.

Last Name TSIPENYUK First Name ROMAN Middle Initial
 Business Name WILLIAM VITACCO ASSOCIATES LTD Business Telephone (212) 791-4578
 Business Address 299 BROADWAY, 5TH FLOOR Business Fax
 City NEW YORK State NY Zip 10007 Mobile Telephone
 E-Mail RTSIPENYUK@VITACCO.COM Registration Number 001445

4 Filing Status Required for all applications. Choose one and provide specified associated information.

Initial Filing 5, 7, 11, 12A, 25-26
 Choose only one:
 Standard Plan Examination or Review
 Professional Certification PC1, POC1
 Professional Certification of Objections A11
 Prior to Approval Actions 25-26
 Amend Existing Filing 4A
 Subsequent Filing 6-7, 8A (Alt-2 only), 11
 Post Approval Amendment (PAA) 4A, 6, 24-25
 Will PAA affect filing fees? Yes No
 New (Superseding) Applicant 4A, 25-26
 Reinstatement 24-26
 Withdrawal 26
 Specified in 4A and 6
 Entire Job
 4A Indicate existing document number affected by filing:

5 Job/Project Types Choose one and provide specified associated information.

Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5) 14, 20, 22
 6A-E, 8B-C, 9-10, 12, 13C-F, 14, 18-20, 22 & PW1A, PD1
 Alteration Type 2 5A, 6A-D, 8A-B, 9-10, 13C-E, & 14, 20, 22
 Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22
 New Building 6A-E, 8F-G, 9A, 9C-K, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1
 Sign 5A, 6B-D, 9A, 9D, 22-23
 Full Demolition 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22
 Subdivision 9A, 9D, 12A-B
 Condominium Improved 17
 5A Directive 14 acceptance requested?
 Yes No

6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 Initial applications.

6A <input type="checkbox"/> BL - Boiler PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input checked="" type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 <input type="checkbox"/> OT/LAN - Landscape
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	6F <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

Are plans being submitted with this PW1? Yes No *If yes, do the plans include:* FO — Foundation EN — Energy Analysis

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B	Is a building enlargement proposed?	8C	Estimated Job Cost \$
	PL	1000						<input type="checkbox"/> No enlargement is proposed		8D Street Frontage: _____ linear ft.
								<input type="checkbox"/> Yes 12, PD1		8E Height: _____ ft. Width: _____ ft.
								<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		8F Total Construction Floor Area: _____ sq. ft.
								Additional Construction Floor Area: _____ sq. ft.		

9 Additional Considerations, Limitations or Restrictions

9A Review is requested under which building code? 2014 2008 1968 Prior to 1968

9B	<input type="checkbox"/> Alteration required to meet New Building requirements (28-101.4.5) <i>If yes, 13A-B</i>	<input type="checkbox"/> Change in number of dwelling units
	<input type="checkbox"/> Alteration is a major change to exits	<input type="checkbox"/> Change in occupancy / use
		<input type="checkbox"/> Change is inconsistent with current certificate of occupancy
9C	<input type="checkbox"/> Façade Alteration	<input type="checkbox"/> Change in number of stories
	<input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>	<input type="checkbox"/> Infill Zoning
	<input type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> Loft Board
	<input type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> Quality Housing
	<input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input checked="" type="checkbox"/> Site Safety Job/Project
	<input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	<input type="checkbox"/> Included in LMCCC
9D	<input checked="" type="checkbox"/> Landmark	<input type="checkbox"/> Filing to address violations <i>(list #s—max. 5):</i>
	<input type="checkbox"/> Little "E" or RD Site	
	<input type="checkbox"/> Unmapped/CCO Street	
	<input type="checkbox"/> Requesting legalization of work where no work without a permit violations have been issued	
	<input type="checkbox"/> Other (please specify on line provided below):	<input type="checkbox"/> Filing to comply with Local Laws <i>(list #s—max. 2)</i>
	<input type="checkbox"/> CRFN(s) Restrictive Declaration / Easement (max. 4):	
	<input type="checkbox"/> CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):	
9E	<input type="checkbox"/> BSA Calendar Numbers (max. 5):	
9F	<input type="checkbox"/> CPC Calendar Numbers (max. 5):	
9G	<input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]	
9H	<input type="checkbox"/> Work includes modular construction under New York State jurisdiction	9I High Rise Team tracking #:
	<input type="checkbox"/> Work includes modular construction under New York City jurisdiction	
9J	<input checked="" type="checkbox"/> Structural peer review required per BC 16. <i>If yes, provide NYS P.E. license number:</i>	
9K	<input type="checkbox"/> Work includes permanent removal of standpipe, sprinkler or fire suppression related systems	
9L	<input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building <i>If yes, 21B</i>	
	<input type="checkbox"/> Structural stability affected by proposed work	

10 NYCECC Compliance *New York City Energy Conservation Code*

To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
Code Compliance Path (choose one): NYCECC ASHRAE
Energy Analysis (choose one): Tabular Analysis REScheck COMcheck Energy Modeling (EN1)

To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following (choose one):

- The work is an alteration of a State or National historic building.
- The scope of the work is entirely in a "low-energy building" and is limited to the building envelope.
- The entire scope of work involves a temporary structure and/or one or more of the following work types: FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.
- This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

11 Job Description	11A Related DOB Job Numbers
MECHANICAL AND PLUMBING WORK AS SHOWN ON PLANS FILED HERE WITH	

11B Primary application job no.

12 Zoning Characteristics																																						
12A District(s) Overlay(s) Special Dist.(s) Map Number	12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private <i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i>																																					
12C Proposed: Use* <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Zoning</th> <th>Floor Area</th> <th>District</th> <th>FAR</th> </tr> <tr> <td></td> <td>sq. ft.</td> <td></td> <td></td> </tr> <tr> <td>Proposed Totals</td> <td>sq. ft.</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> <tr> <td>Existing Total</td> <td>sq. ft.</td> <td style="background-color: #cccccc;"></td> <td></td> </tr> </table>	Zoning	Floor Area	District	FAR		sq. ft.			Proposed Totals	sq. ft.			Existing Total	sq. ft.			Proposed Lot Details: Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through Lot Coverage _____ % Lot Area _____ sq. ft. Lot Width _____ ft. Proposed Other Details: Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, no. of parking spaces:</i> _____ Perimeter Wall Height _____ ft.	Proposed Yard Details: Check here if no yards: <input type="checkbox"/> or Front Yard _____ ft. Rear Yard _____ ft. Rear Yard Equivalent _____ ft. Side Yard 1 _____ ft. Side Yard 2 _____ ft.																				
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Existing Total	sq. ft.																																					
*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.																																						

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2014 Code equivalents only. ³ Residential w/other use.																									
13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)																									
13B <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Existing</th> <th>Proposed</th> </tr> <tr> <td>Structural Occupancy/Risk Cat.</td> <td></td> </tr> <tr> <td>Seismic Design Cat.</td> <td></td> </tr> <tr> <td>2014 Code Designations?</td> <td>2014 Code Designations?</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/> Yes**</td> </tr> <tr> <td>Construction Classification</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Multiple Dwelling Classification</td> <td></td> </tr> </table>	Existing	Proposed	Structural Occupancy/Risk Cat.		Seismic Design Cat.		2014 Code Designations?	2014 Code Designations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes**	Construction Classification		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Dwelling Classification		13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other Mixed use building? ³ <input type="checkbox"/> Yes <input type="checkbox"/> No 13E <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Existing</th> <th>Proposed</th> </tr> <tr> <td>Building Height</td> <td>ft.</td> </tr> <tr> <td>Building Stories</td> <td></td> </tr> <tr> <td>Dwelling Units</td> <td></td> </tr> </table>	Existing	Proposed	Building Height	ft.	Building Stories		Dwelling Units	
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Existing	Proposed																								
Building Height	ft.																								
Building Stories																									
Dwelling Units																									
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968																									

14 Fill Choose one.
<input type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards

15 Construction Equipment
<input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Construction Material: _____ <input type="checkbox"/> Fence Size: _____ linear ft. BSA/MEA Approval No. _____ <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____

16 Curb Cut Description
Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. to street: _____

17 Tax Lot Characteristics
Original tax lots being merged or reapportioned (if applicable):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="2">Existing</th> <th colspan="2">Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Existing		Proposed			Yes	No	Yes	No	Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19 Open Spaces					
	Existing	Proposed		Existing	Proposed
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20 Site Characteristics		20A Flood Hazard Area Information	
Yes No	Yes No	Yes No	
<input type="checkbox"/> <input type="checkbox"/> Tidal Wetlands	<input type="checkbox"/> <input type="checkbox"/> Freshwater Wetlands	<input type="checkbox"/> <input type="checkbox"/> Substantial improvement?	
<input type="checkbox"/> <input type="checkbox"/> Coastal Erosion Hazard Area	<input type="checkbox"/> <input type="checkbox"/> Urban Renewal	<input type="checkbox"/> <input type="checkbox"/> Substantially damaged?	
<input type="checkbox"/> <input type="checkbox"/> Fire District	<input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area <i>If yes, 20A</i>	<input type="checkbox"/> <input type="checkbox"/> Floodshields part of proposed work?	

21 Demolition Details <i>*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).</i>	
Yes No	
21A <input type="checkbox"/> <input type="checkbox"/> Demo. filling is for a secondary structure? <i>If yes, specify structure being demolished:</i>	
<input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? <i>If yes, mechanical means will demolish: <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure</i>	
<input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? <i>If yes, describe equipment proposed:</i>	
21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope	
<input type="checkbox"/> <input type="checkbox"/> The scope of work involves raising/moving of a building	

22 Asbestos Abatement Compliance <i>Choose one.</i>	
<input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).	
<input type="checkbox"/> The scope of the work is not an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i>	
DEP ACP-5 Control No. _____	
<input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1.	

23 Sign	
Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising	Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated
Estimated Cost: \$ _____	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect
Total Square Feet: _____	Yes No
Height above Curb: _____ ft. _____ in.	<input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i>
Height above Roof: _____ ft. _____ in.	23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall	23C Sign wording. <i>If extensive, provide only key wording.</i>
Yes No	23D Distance from Arterial Highway: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by: _____ ft. _____ in.</i>	23E Distance from Park 1/2 acre or more: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>	23F OAC Sign Number: _____
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an Interest in this sign or location? <i>If yes, 23G</i>	23G OAC Registration Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>	
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>	
<i>.....> If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F</i>	

24 Comments <i>Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.</i>	
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ANY OBJECTIONS PLEASE EMAIL TDIMATTEI@VITACCO.COM

25 Applicant's Statements and Signatures Required for all applications.

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 prepared or supervised the preparation of the construction documents and specifications submitted with submitted and to the best of my knowledge and belief, the construction documents 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. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

For initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? Yes No

Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Yes No

Name (print): ERIC S. BENTLEY
Sign and Date: Eric Bentley 3/18/16
P.E. / R.A. Seal (apply seal, stamp and date over seal)

26 Property Owner's Statements and Signatures

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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with all applicable laws, rules, and regulations.

Yes No

Fee Exemption Request (Non-Profit Owned and Operated)
In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purposes. ★

Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated) The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★

Owner's Certifications Regarding Occupied Housing
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:

The owner is not required to notify the New York State Homes and Community Renewal (NYSR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSR regulations, does not require notification.

The owner has notified the New York State Homes and Community Renewal (NYSR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such (filing/application).

Provide date NYSR notified: _____

Owner's Certification for Directive 14 Applications (if applicable)
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy and the work is not inconsistent with the current certificate of occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rules.

Notes for Section 26A: Section required if unit owner signed Section 28. Signature required for authorized representative of Condo or Co-Op board.

★ For fee waivers, please see the PW1 User Guide

Owner Individual Partnership NYCHA / HHC
Type: Corporation Other Government NYC Agency
 Condo Unit Owner or Co-Op Tenant-shareholder 26A
Is the deed holder a non-profit organization? Yes No

Name (please print): BENTLEY ZHAO

Relationship to Owner: MANAGING MEMBER

Business Name/Agency: LEX 47TH DEVELOPMENT LLC

Street Address: 370 LEXINGTON AVENUE, SUITE 410

City: NEW YORK State: NY Zip: 10017

Telephone Number: (718) 439-4688 Fax: (347) 799-1668

E-Mail Address: RAY@USNERE.COM

Signature and Date: [Signature] 03/22/16

26A Condo/Co-Op Board See note in bottom left corner of page.

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address: