



PW-1: Plan / Work Application

Must be typewritten

DEPT. OF BLDGS.	110203422	Job Number
SC080127040		Scan Code

1 Location Information Required for all applications.

House No(s) 11	Street Name EAST 91 STREET			
Borough MANHATTAN	Block 01503	Lot 00012	BIN 1047013	C.B. No. 108
Work on Floor(s) 1 to 6, FAC	Apt. / Condo No(s) N/A			

2 Applicant Information Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.

Last Name SILBERMAN	First Name SCOTT	Middle Initial M	
Business Name SMS ENGINEERING, P.C.	Business Telephone (212) 683-1575		
Business Address 386 PARK AVENUE SOUTH, 702	Business Fax (212) 683-4268		
City NEW YORK	State NY	Zip 10016	Mobile Telephone (516) 242-7071
E-Mail SMS4321@AOL.COM	License Number 726961		
Choose one: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other, please specify:			

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.

Last Name PANAGOPOULOS	First Name THEODORE	Middle Initial	
Business Name D'ALTO CONSULTANTS, LLC	Business Telephone (973) 822-8318		
Business Address 35 ALEXANDER AVENUE	Business Fax (973) 236-9817		
City MADISON	State NJ	Zip 07940	Mobile Telephone (917) 807-2246
E-Mail ODALTO@YAHOO.COM	Registration Number P64358		

4 Filing Status Required for all applications. In this section * means required for Alteration Type 2 jobs only.

☒ Initial Filing 5, 7, 11-12, 24-25 ☐ Prof. Certify Job/Plans PC-1, POC-1 ☐ Self Certify Objections Only AI-1	☐ Changes Prior to Approval 23-24 ☐ Add Work Types 6-7, 8A*, 11 ☐ Amend Existing Filing 4A ☒ PAA 4A, 23-24 PAA effect fees? ☐ Yes ☐ No	☐ New Applicant 4A, 24-25 ☐ Reinstatement 23-25 ☐ Withdrawal 24-25 ☐ Entire Job ☐ Specified in 4A
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4A Doc. # / Work Type

Doc	WT	Doc	WT

5 Job Types Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.

☐ Alteration Type 1 13-14, 18-20, PW-1A, PD-1 ☐ Partial Demolition ☐ Room Count / Dwelling Units ☐ Occupancy / Use ☐ Egress	☒ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if ent.), 20 5A ☐ Alteration Type 3 5A, 6B-F, 8C ☐ Demolition 6B, 8D, 9A-B, 13-14, 21 ☐ New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1 ☐ Sign 5A, 6B-D, 9A, 22 ☐ Subdivision 5B, 9A ☐ Condominium ☐ Improved 17	Directive 14 acceptance requested? ☒ Yes ☐ No 5B ☐ Check if filing includes lot merger / reapportionment 17 5C Total Construction Floor Area: sq. ft.
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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 ☐ BL - Boiler PW-1C ☐ FA - Fire Alarm ☐ FB - Fuel Burning PW-1C ☐ FS - Fuel Storage PW-1C ☐ FP - Fire Suppression	☐ MH - Mechanical ☐ PL - Plumbing PW-1B ☐ SD - Standpipe PW-1B ☐ SP - Sprinkler PW-1B	6B ☐ EQ - Construction Equipment 15 6C ☐ OT/GC - General Construction 6D ☒ OT - Other provide description below: FACADE REPAIR 6E ☐ CC - Curb Cut 16	6F ☐ OT/ANT - Antennae ☐ OT/BPP - Builders Pmt. Plan 8D ☐ OT/FPP - Fire Protection Plan ☐ OT/MAR - Marquee 8E, 25B
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7 Plans Submitted Plans are required for most applications.

☐ NP - No Plans	or	☒ AR - Architectural	☐ BP - BPP Checklist	☐ FO - Foundation	☐ ME - Mechanical
		☐ OT - Other	☐ PL - Plumbing	☐ ST - Structural	☐ ZO - Zoning

DOB Reference Number: T00000023789-000050

User Ref ID: D69782

8 Additional Information												
8A	WT	Cost	WT	Cost	WT	Cost	8B	Enlargement proposed? <i>If yes, PD-1</i>		8D	Street Frontage: linear ft.	
	OT	75000						☒ No enlargement proposed		8E	Height:	ft. Width: ft.
								☐ Yes: ☐ Horizontal ☐ Vertical		8F	Name of cluster or development below:	
								Additional area: sq. ft.				
							8C	Estimated Job Cost \$			Project lead job no.	

9 Additional Considerations, Limitations or Restrictions												
Yes No					Yes No					9D		CRFN
9A	☐	☒	Filed to Comply with Local Law <i>If yes, 9G</i>			☒	☐	Landmark		9E	CRFN	
	☐	☒	Other, specify: _____			☐	☒	Legalization (1/1/89+)		9F	HRT Lead No.	
	☐	☒	Restrictive Declaration / Easement <i>If yes, 9D</i>			☐	☒	"Little E" Hazmat Site		9G	Local Law No.	
	☐	☒	Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>			☐	☒	Unmapped Street			Year	
9B	☐	☒	Adult Establishment <i>If yes, PD-1 (except DM jobs)</i>			☐	☒	Included in LMCCC		9H	BSA Calendar No(s)	
	☐	☒	Compensated Development (Inclusionary Housing)			☐	☒	Infill Zoning				
	☐	☒	Low Income Housing (Inclusionary Housing)			☐	☒	Loft Board		9I	CPC Calendar No(s)	
	☐	☒	Single Room Occupancy (SRO) Multiple Dwelling			☐	☒	Quality Housing				
	☐	☒				☐	☒	Site Safety Job				
9C	☒	☐	Old Code Review Requested									
	☐	☒	Structural Stability affected by proposed work									

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>		10A Specific Reason for ECCCNYS Exemption	
☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.* ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is: ☒ An alteration but not a substantial alteration ☐ Work in a historic building ☐ Work in an exempt building (specify category/reasons in 10A)			
*I understand the Department may require supporting analyses and documentation.			

11 Job Description	11A Related DOB Job Numbers
FACADE RESTORATION AS PER PLANS (ALL WORK IN REAR BUILDING) NO CHANGE IN USE, EGRESS OR OCCUPANCY.	

12 Zoning Lot Characteristics <i>A complete set of zoning information is required for all initial applications.</i>			
District(s) R8B	Map No. 5D	Zoning lot includes the following tax lots:	
Overlay(s):	Street legal width: 60 ft.		
Special Dist.(s)	Street Status: ☒ Public ☐ Private		

13 Building Characteristics <i>*For occupancy classification, use main use or dominant occupancy per BC §27-239</i>				14 Fill	
Occupancy Classification*	Existing K	Proposed	Building Height	Existing 60 ft.	Proposed
Construction Classification	3		Building Stories	6	
Multiple Dwelling Classification	HAEA		Dwelling Units		
Building Type:	☐ 1, 2, or 3 Family	☒ Other	Zoning Floor Area	sq. ft.	sq. ft.
				Choose one:	
				☒ Not Applicable	
				☐ Off-Site	
				☐ On-Site	
				☐ Under 300 cu. yd.	

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15 Construction Equipment <i>Choose one.</i> ☐ Chute ☐ Sidewalk Shed Const. Material: _____ ☐ Fence Size: _____ linear ft. BSA/MEA No. _____ ☐ Supported Scaffold ☐ Other: _____	16 Curb Cut Description Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. on street: _____																														
17 Tax Lot Characteristics Original tax lots being merged or reapportioned (if applicable): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> Tentative tax lot numbers (new tax lots only): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	18 Fire Protection Equipment <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Fire Alarm</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Fire Suppression</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Sprinkler</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Standpipe</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>		Existing	Proposed		Yes	No	Fire Alarm	☐	☐	Fire Suppression	☐	☐	Sprinkler	☐	☐	Standpipe	☐	☐												
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	Existing	Proposed		Existing	Proposed																										
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21 Demolition Yes No ☐ ☐ Demolishing a secondary structure? <i>If yes, specify structure being demolished:</i> _____ ☐ ☐ Will demolition use mechanical means? <i>If yes, mechanical means will demolish:</i> ☐ entire structure or ☐ part of structure																															
22 Signs <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"> Purpose: ☐ Advertising ☐ Accessory Location: ☐ Ground ☐ Roof 22B ☐ Wall </td> <td style="width: 20%;"> Type: ☐ Illuminated 22A ☐ Non-Illuminated </td> <td style="width: 20%;"> Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in. </td> <td style="width: 40%;"> 22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i> 22B ☐ ☐ Is roof sign tight, closed or solid? 22C Sign wording. <i>If extensive, provide only key wording.</i> 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____ </td> </tr> </table> Yes No ☐ ☐ Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in. ☐ ☐ Designed for changeable copy? <i>If no, 22C</i> ☐ ☐ Does an OAC have an interest in this sign or location? <i>If yes, 22G</i> ☐ ☐ Within 900' and within view of an arterial highway? <i>If yes, 22D</i> ☐ ☐ Within 200' and within view of a park 1/2 acre or more? <i>If yes, 22E</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 22F</i>		Purpose: ☐ Advertising ☐ Accessory Location: ☐ Ground ☐ Roof 22B ☐ Wall	Type: ☐ Illuminated 22A ☐ Non-Illuminated	Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i> 22B ☐ ☐ Is roof sign tight, closed or solid? 22C Sign wording. <i>If extensive, provide only key wording.</i> 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____	Yes	No	☐	☐																						
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23 Comments <i>Additional comments may be placed on an A-1 form.</i>																															

24 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,
- ☐ 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.

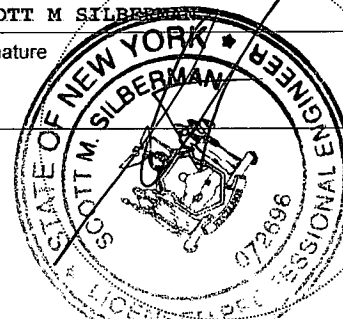
Name (please print)

SCOTT M SILBERMAN

Signature

Date

06/13/08



P.E. / R.A. Seal (apply seal, then sign and date over seal)

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 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 the Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

- ☐ ☒ **Fee Deferred Request Statement**
I hereby request a fee deferral for the work proposed on this application and understand that **all fees must be paid before issuance of any Certificate of Occupancy or job sign off.**

- ☒ ☐ **Fee Exemption Request Statement**
In accordance with § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

- ☐ ☒ **Owner's Certification Regarding Occupied Housing**
The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

- ☐ ☒ **The owner has notified the Division of Housing and Community Renewal (DHCR) of his intention to file such plans/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such filing/application.**

— **If yes, provide date DHCR notified:** _____

- ☐ ☒ **Owner's Certification for Adult Establishments**
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR 12-10 "adult establishment" or related sign at the subject premises.

Internal Use Only

Pre-Filer Name: _____ Date: _____
Pre-Filer Signature: _____
Cost Estimate (if different from applicant): \$ _____
Amount due: \$ _____

- Owner type: ☐ Condo/Co-Op } 25A ☒ Partnership ☐ HHC ☐ NYCHA
☐ Corporation ☐ DCAS ☐ HPD ☐ NYS
☐ Individual ☐ DOE ☐ Other Government

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): SERGEY GARMONIN

Relationship to Owner: COUNSEL GENERAL

Business Name/Agency: RUSSIAN FEDERATION C/O ANDREW SO

Street Address: 9 EAST 91 STREET

City: NEW YORK State: NY Zip: 10128

Telephone Number: (917) 609-5793 Fax: (212) 898-0422

E-Mail Address:

Signature and Date: *Sergey Garmoin* 6/13/08**25A Condo/Co-Op or Corporation Second Officer**

Name (please print):

Title:

Street Address:

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address:

25B 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:

DOB Reference Number: T00000023789

User Ref ID: D69782

2/08