



PC Filing Prefiling Checklist

March 06, 2008



Department of Buildings, City of New York

Job No:

Ref No: 12330

Borough:

MANHATTAN (1)

Location: 830 PARK AVENUE

Job Type: **A2**
Estimated Cost: **\$16,000.00**

Doc. No.:

Project Lead Job No.:

Bldg. Group Lead No.:

Cluster Dev. Name:

Work Types: **OT \$16,000.00;**

OT Descript.: **GC**

BIN: 1041702 **Block: 1390** **Lot: 37** **Lot 2:** **Lot 3:** **CB No.: 108** **No. Stories: 13**

Street Frontage:
Special Place:

Total Gross Floor Area:

Other Building
Information: **Repair/Mod**

Building Class: **Other**

Fee Exempt: **N**

Fee Deferred: **N**

Other
Considerations: **Landmark**

Directive 14 Acceptance Required

C of O: Making Change To:

Constr. Eq. Info:

Signs Info:

Total Sq. Footage:
Height Above Roof:

Applicant: **Kaye, Malcolm**

Prof. Title: **RA**

License No.: **021910**

If this filing includes Sprinkler Work, is Water Supply off the domestic?

☐ Yes

☐ No

Plans Submitted:

___ AR ___ ST ___ ZO ___ ME ___ PL ___ FO ___ NP ___ BPP Checklist



Plan/Work Report For PC Filing

Internal Use

Job Number

(affix label)

March 06, 2008

Ref. #: 12330

NYC Department of Buildings - PCF.PW1

Department of Buildings, City of New York

Location & Status

Borough: **MANHATTAN (1)**

BIN: **1041702**

Block: **1390**

Lot: **37**

Address: **830 PARK AVENUE**

Filing Type: **Initial Filing**

Job Type: **Alteration 2**

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: **Kave, Malcolm**

Business Name: **Aston Architecture, PC**

Phone: **(212) 352-8866**

Address: **27 Union Square West, #302, New York, NY 10003**

Professional Title: **RA**

License No.: **021910**

Other Description:

Filing Representative

Filing Rep Name: **Holguin/Muham/Muczyn, Marl/Naa'im/Domi**

Registration No.: **X00337**

Business Name: **Aston Architecture, PC**

Phone: **(212) 352-8866**

Address: **27 Union Square West, Suite 302, New York, NY 10003**

Considerations

Directive 14 Acceptance Req.: **Y**

Unmapped Street: **N**

Infill Zoning: **N**

Reel No.:

Legalization of Work After 89: **N**

Quality Housing: **N**

Landmark: **Y**

Page No.:

Professional Certification of Job/Plans: **N**

Local Law 5 of 73: **N**

Adult Use: **N**

Professional Certification Objections: **N**

Local Law 16 of 84: **N**

SRO: **N**

Other
Considerations:

Old Code Review Requested: **Y**

Site Safety Job: **N**

Loft Board: **N**

Building Class: **Other**

CPC Calendar No.:

Fee Status: **Standard Fee**

BSA Calendar No.:

Alteration Details

Certificate of Occupancy Status:

Structural Stability Affected: **N**

Equipment: **Repair/Mod**

Making Change To:

Job Description: **Interior renovations to existing duplex apartments 8B/9B. No change to use, egress or occupancy.**

Work TypesWork Types and Costs: **OT \$16,000.00;**

Curb Cut Description:

OT Description: **GC**Job Estimated Cost: **\$16,000.00****Building Information**Community Board No.: **108**Map No.: **8C**Apt. Nos./Condos: **8B 9B**Floors: **008 009**

Special Place:

Occupancy Class: **Existing: RES**Construction Class: **Existing Old Code: 1**

SiteAreaCharacteristics:

Zoning Districts: **R10; Special District Code: PI**

Total Gross Floor Area:

No.of Dwelling Units: **1**

Street Frontage:

Parking Sq. Footage:

Building Height: **140 ft.**

Loading Berths:

Plaza Sq. Footage:

No.of Stories: **13**

No. of Loading Berths:

Arcade Sq. Footage:

Ult.. No.of Stories:

No. of Parking Spaces:

Const. Equip. Waiver:

Fill:

Construction/Fire Protection Equipment

Const. Equipment:

Construction Material:

BSA/MEA Approval No.:

Standpipe:

Sprinkler:

Fire Alarm:

Fire Suppression:

Plot Diagram (Metes and Bounds)

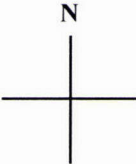
Street Status:

Legal Width:

Beginning at the point on the side of distant feet
of the corner formed by the intersection of and
running

to the point of beginning.

Diagram:



Comments**Lessee**

Lessee Name:
Lessee Bus. Name:
Lessee Address:

Title:
Phone:

Signs

Sign Type:
Height Above Roof:
Sign Weight:
Square Footage:

Illuminated:
Wording:
Description:

Roof Sign is Tight/Closed/Solid:
Adjacent:
Advertising:

IBL:

Owner

Owner Type: **C Corporation**
Owner Name: **Kelly, Michael**
Owner Title: **Secretary**
Business Name/Agency: **Gumley-Haft Inc.**
Owner Address: **415 Madison Avenue, 5th Flr., New York, NY 10017**

Non-Profit: **N**Phone: **(212) 371-2525**

If Corporation, Condo/Co-op, name of second officer/Board of Director -

Name: **Kelly, Michael**
Title: **Sec. Off.**
Address: **415 Madison Avenue, 5th Flr., New York, NY 10017**

Phone: **(212) 371-2525**

Statements and Signatures**Applicant's Statements**

I prepared or supervised the preparation of the plans and specifications submitted on the accompanying disk, identified with the reference number 12330, and the CompanyID Aston A-9391.59, prepared on the Department of Building's PC Filing System.

To the best of my knowledge and belief, the plans and work shown thereon and represented by this printed copy comply with the provisions of the Building Code and other applicable laws and regulations.

☐ except as set forth in the accompanying documents.

Cluster/Tract Housing Statement Complete if applicable

Lead Job Number:

I hereby state that application data for each individual job within this Cluster Group conform to the specifications for the above Lead Job Number, with exceptions as noted on the Cluster Detail Page(s), attached.

I acknowledge that I have complied with the instructions for the use of PC Filing, and have read and complied with instructions for the supplementary schedules submitted.

Applicant Name: **KAYE, MALCOLM**

Date: _____

Applicant Signature: _____

Seal (P.E. or R.A.)

Owner's Statements

I have authorized the applicant to file this application for the work specified herein, and the work specified on the accompanying disk, identified by the reference number 12330, prepared on the Department of Buildings PC Filing System, and all future amendments.

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 control under Chapter 3 of Title 26 of the Administrative Code. N

The owner has notified 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]. N
Date DHCR Notified: _____

Owner's Certification Regarding Adult Establishments

I authorize and intend to create, enlarge, or extend an adult establishment or related sign at the subject premises. N

Fee Exemption Request Statement

In accordance with Section 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used **exclusively** for the purposes indicated in such section. N

Fee Deferred Request Statement

I hereby request a fee deferred for the work proposed on this New Building or Alteration Type I application and understand that all fees must be paid before issuance of the C / O or job sign off. N

Name of Signator : **KELLY, MICHAEL**

Relationship to Building Owner: _____

Date: _____

Signature: _____

Falsification of any statement is a misdemeanor under Section 26-124 of the 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.

Examiner Signature: _____ Date: _____