



PW1: Plan / Work Application

Must be typewritten.



DEPT. OF BLDGS. 110307579

Job Number

SC080523022

Scan Code

1 Location Information Required for all applications.

House No(s) 130 Street Name WILLIAM STREET

Borough MANHATTAN Block 00077 Lot 00015 BIN 1001187 C.B. No. 101

Work on Floor(s) CEL, 001 Apt. / Condo No(s)

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

Last Name KOWALSKI First Name TOMASZ Middle Initial S

Business Name TKA STUDIO Business Telephone (718) 260-8056

Business Address 10 JAY STREET Business Fax

City BROOKLYN State NY Zip 11201 Mobile Telephone

E-Mail License Number 026856

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 phone, and e-mail are optional info.

Last Name AVILES/GONZALEZ First Name YOLANDA/JOSE Middle Initial

Business Name AEC CONSULTING & EXPEDITING, INC Business Telephone (212) 619-0200

Business Address 20 VESEY STREET, SUITE 909 Business Fax (212) 619-0550

City NEW YORK State NY Zip 10007 Mobile Telephone

E-Mail Registration Number A24836

4 Filing Status Required for all applications. Choose one and provide specified associated information.☒ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☒ 1968 ☐ Prior to 1968Choose ☐ Standard Plan Examination or Reviewone: ☒ Professional Certification PC1, POC1☐ Self 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, 24-25Will PAA affect filing fees? ☐ Yes ☐ No☐ New Applicant 4A, 25-26☐ Reinstatement 24-26☐ Withdrawal 25-26☐ 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 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:☐ Change in Exits☐ Change in Number of Stories☐ Change in Number of Dwelling Units☒ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 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, 22☐ New Building 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1☐ Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22☐ Sign 5A, 6B-D, 9B, 22-23☐ Subdivision 9B, 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 ☐ BL - Boiler PW1C☐ FS - Fuel Storage PW1C☒ PL - Plumbing PW1B6E ☐ CC - Curb Cut 16☐ FA - Fire Alarm☐ FP - Fire Suppression☐ SD - Standpipe PW1B6F ☐ OT/ANT - Antenna☐ FB - Fuel Burning PW1C☐ MH - Mechanical☐ SP - Sprinkler PW1B☐ OT/BPP - Builders Pavement Plan 8D6B ☐ EQ - Construction Equipment 156C ☒ OT/GC - General Construction6D ☐ OT - Other, describe:☐ OT/FPP - Fire Protection Plan
☐ OT/MAR - Marquee 8E, 26B

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7	Plans/Construction Documents Submitted <i>Plans are required for most applications.</i>
<input checked="" type="checkbox"/> AR - Architectural <input type="checkbox"/> BP - BPP Checklist <input type="checkbox"/> DM - Demolition (Full/Partial) <input type="checkbox"/> EN - Energy Analysis <input type="checkbox"/> FO - Foundation or <input type="checkbox"/> NP - No Plans <input type="checkbox"/> ME - Mechanical <input type="checkbox"/> OT - Other <input checked="" type="checkbox"/> PL - Plumbing <input type="checkbox"/> ST - Structural <input type="checkbox"/> ZO - Zoning	

8 Additional Information								
8A	WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$ 15000
	PL	5000					<input checked="" type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area:	8D Street Frontage: linear ft.
								8E Height: ft. Width: ft.
								8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.								Project lead job no.

9 Additional Considerations, Limitations or Restrictions					
Yes No		Yes No		9F Structural Peer Reviewer License No. P.E.	
9A <input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>					
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>		<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark		9G Local Law No(s) Year	
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site			
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9L</i>		<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street		9H Violation No(s)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i>		<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i>			
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued					
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>		<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC		9I BSA Calendar No(s)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)		<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning			
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)		<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board		9J CPC Calendar No(s)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling		<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing			
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>		<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project			
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems				9K High-Rise Team Tracking Number:	
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>					
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work					
9L CRFN(s) Restrictive Declaration / Easement (max. 4):					
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):					

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>	10A Specific Reason for ECCCNYS Exemption
<input type="checkbox"/> To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.* <input type="checkbox"/> Energy analysis is on another job number: _____ <input checked="" type="checkbox"/> The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:* <input checked="" type="checkbox"/> An alteration but not a substantial alteration <input type="checkbox"/> Work in a historic building <input type="checkbox"/> Work in an exempt building (specify category/reasons in 10A)**	
<small>*I understand the Department may require supporting analyses and documentation. **§101.5.2.1 of the ECCCNYS only exempts thermal envelope provisions.</small>	

11 Job Description	11A Related DOB Job Numbers																				
THIS APPLICATION IS BEING FILED FOR GENERAL CONSTRUCTION AND PLUMBING WORK TO CHANGE THE USE OF THE CELLAR AND FIRST FLOOR FROM STORAGE TO COMMERCIAL STORES AND ADD A SECOND MEANS OF EGRESS FROM CELLAR.	<table border="1" style="width: 100%; height: 100px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
11B Primary application job no.																					

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12 Zoning Characteristics					
12A District(s) C6-4			12B Street legal width: <u>60</u> ft.		
Overlay(s)			Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		
Special Dist.(s) LM			If the zoning lot includes multiple tax lots, list all tax lots here ►		
Map Number 12B					
12C Proposed Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
COMMERCIAL	128000 sq. ft.	C6-4	10.0	Lot Type: <input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input checked="" type="checkbox"/> or
	sq. ft.			Lot Coverage <u>100</u> %	Front Yard _____ ft.
	sq. ft.			Lot Area <u>121001</u> sq. ft.	Rear Yard _____ ft.
	sq. ft.			Lot Width <u>74</u> ft.	Rear Yard Equivalent _____ ft.
	sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
	sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Side Yard 2 _____ ft.
Proposed Totals	128880 sq. ft.		10.0	If yes, no. of parking spaces: _____	
Existing Total	128880 sq. ft.			Perimeter Wall Height <u>149</u> 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 2008 Code equivalents only.					
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	Existing	Proposed	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other		
Structural Occupancy Category			Mixed use building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Seismic Design Category			13E		
Occupancy Classification*	COM	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building Height	<u>149</u> ft.	<u>149</u> ft.
Construction Classification	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building Stories	<u>12</u>	<u>12</u>
Multiple Dwelling Classification			Dwelling Units		
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input checked="" 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"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968					

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

15 Construction Equipment	16 Curb Cut Description
<input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed Construction Material: _____ <input type="checkbox"/> Fence Size: _____ linear ft. BSA/MEA Approval No. _____ <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____	Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. on street: _____

17 Tax Lot Characteristics	18 Fire Protection Equipment
Original tax lots being merged or reapportioned (if applicable):	Existing Proposed
	Yes No Yes No
Tentative tax lot numbers (new tax lots only):	Fire Alarm <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Fire Suppression <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Sprinkler <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
	Standpipe <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

19 Open Spaces	20 Site Characteristics																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Existing</th> <th>Proposed</th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <td>Plaza Area</td> <td>sq. ft.</td> <td>sq. ft.</td> <td>sq. ft.</td> </tr> <tr> <td>Parking Area</td> <td>sq. ft.</td> <td>sq. ft.</td> <td>sq. ft.</td> </tr> <tr> <td>Loading Berths</td> <td>sq. ft.</td> <td>sq. ft.</td> <td>sq. ft.</td> </tr> </table>	Existing	Proposed	Existing	Proposed	Plaza Area	sq. ft.	sq. ft.	sq. ft.	Parking Area	sq. ft.	sq. ft.	sq. ft.	Loading Berths	sq. ft.	sq. ft.	sq. ft.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Tidal / Fresh Water Wetlands <input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal <input type="checkbox"/> <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area
Existing	Proposed	Existing	Proposed														
Plaza Area	sq. ft.	sq. ft.	sq. ft.														
Parking Area	sq. ft.	sq. ft.	sq. ft.														
Loading Berths	sq. ft.	sq. ft.	sq. ft.														

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21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

- 21A ☐ ☐ Demo. filing is for a secondary structure? If yes, specify structure being demolished:
☐ ☐ Mechanical means* from out of building? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure
☐ ☐ Mechanical means* from within building? If yes, describe equipment proposed:
- 21B ☐ ☐ Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

- ☐ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).
☒ The scope of work does **not** require related asbestos abatement as defined in the regulations of the NYC DEP.
☐ The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(a)).

23 Sign

- Purpose: ☐ Advertising ☐ Non-Advertising
Type: ☐ Illuminated 23A ☐ Non-Illuminated
Estimated Cost: \$ _____ Total Square Feet: _____
Height above Curb: _____ ft. in.
Height above Roof: _____ ft. in.
Location: ☐ Ground ☐ Roof 23B ☐ Wall
Yes No
☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. in.
☐ ☐ Designed for changeable copy? If no, 23C
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G
☐ ☐ Within 900' and within view of an arterial highway? If yes, 23D
☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E

→ 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

- 23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect
Yes No
☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B

23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: _____ ft.

23E Distance from Park 1/2 acre or more: _____ ft.

23F OAC Sign Number:

23G OAC Registration Number:

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONAL CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

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 correctness 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 of Buildings. I prepared or supervised the preparation of the construction documents and specifications herewith 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.

Yes No

- ☐ ☐ For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ 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.

Name (please print)

TOMASZ S. KOWALSKI

Signature

026856

Date

01.17.08

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

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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.

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 part or all of 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 §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☒ **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 Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) 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 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.

☐ ☐ **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. 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 final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☒ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

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

Name (please print): **JOSEPH STAVRACH**

Relationship to Owner: **OWNER**

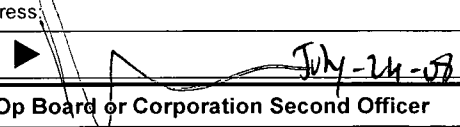
Business Name/Agency: **130 WILLIAM, LLC**

Street Address: **130 WILLIAM STREET**

City: **NEW YORK** State: **NY** Zip: **10007**

Telephone Number: **(212) 687-2324** Fax: _____

E-Mail Address: _____

Signature and Date 

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print): _____


Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Signature and Date* 

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

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: _____

Internal Use Only

Pre-Filer Name: _____

Pre-Filer Signature: _____

Date: _____

Cost Estimate: \$ _____

Amount Due: \$ _____

Verified by ▼ Date ▼

Initial Amount Paid: \$ _____

Balance Due: \$ _____

Stamps, Certifications and Notes:

PROCESSED
CERTIFICATION
DEPARTMENT OF BUILDINGS
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