

**LAA1: Limited Alteration Application**

Plumbing/Oil Burning/ Fire Suppression

Please File 2 copies

Application must be typewritten and double sided



Initial Filings Sec. to Complete - All applicants: 1-5, 10, 12; LMP: 6, 8*, 13*, 14; LOBI: 7, 8*, 14; LFSC: 9, 10, 11* (if applicable)

1 Filing Status For PAA's, complete only applicable sections (but sections 1, 2, 3, 10, 13*/14 must be completed for all filings)Indicate type: Initial Filing Renewal Emergency Work Notification — Provide Ref. #:
 Withdrawal Post Approval Amendment (PAA)

Expiration Date (for internal use): 9/13/12

2 Location

Borough: MANHATTAN Block: 1672 Lot(s): 1 BIN: 1052651 C.B. No.: 111

House No(s). 1952 Street Name: SECOND AVENUE

Apt/Condo No(s). Floor(s) where work is to be done BASEMENT

3 Applicant

Last Name: VACIRCA First Name: VITO MI:

Business Name: COMMUNITY PLUMBING & HEATING OF NY, INC Business Phone: 718-993-7586

Address: 370 EAST 134TH STREET City: BRONX State: NY ZIP: 10454

License Type (select only one) Master Plumber Oil Burner Installer Fire Suppression Contractor

License No.: 846 Email Address: plumb4yu@gmail.com Business Fax: 718-993-7505

4 Filing Representative Complete if different from applicant listed in section 3

Last Name: First Name: MI: Registration No:

Business Name: Business Phone:

Address: City: State: ZIP:

Email Address Business Fax:

5 Building Characteristics Occupancy Classification

(Multiple Dwellings - list all apartments where work will be performed in the Description of Work in Section 10)

 1, 2 Family House Residential Apartment House Single Room Occupancy Commercial Other (Specify):
 Legalize pre 1/1/89 Work Legalize post 1/1/89 Work Made to Remove Violation **Provide Violation No.:****6 Plumbing Data (LMP)** Select only 6a or 6b (each job type requires a separate LAA1 filing) For SP/SD work, seal and sign section 13, 14**6a Sprinkler Related Data** (Note: selections marked with LHO are only allowed in Light Hazard Occupancy)

Replace SP heads (per §28-401.3, limited to 30 and must be the same type, orifice, etc.) Per §28-101.5 add SP heads (limited to 5) off domestic water system (LHO)

Replace/repair/relocate SP piping (off domestic water supply) SP operation not affected Per §28-101.5 rearrange SP heads (limited to 20) off domestic water supply system (LHO)

Replace/repair/rearrange SD only (where no sprinkler is attached or will be connected) Relocate auxiliary hose sources and cabinets for SD (no SP attached, limited to 10 feet)

6b Gas Related Data (No. of meters/risers and their locations mandatory for gas and gas related work) New gas replacement boiler (complete section 8) Oil to Gas Conversion Owner has been advised that pipe must be filled in accordance with FC § 3404.2.13 Gas/Gas Piping

No. of Meters tested on this filing: Location(s) (floor/apt no. — list all that apply to this filing):

No. of Risers tested on this filing: Location(s) (floor/apt no. — list all that apply to this filing):

Gas Usage: Heat Water Heater Dryer Cooking HVAC Tankless Coil Other (describe): Other Plumbing (List in description of work) Primary back flow prevention devices (approval letter required from DEP)

Estimated Cost \$ 6,500 (include equipment and labor (\$25K PL/SP limit per building in any 12 month period) Description of Work (Use section 10), use for 6a, 6b

7 Oil Burner (LOBI) Equipment Data Complete Section 8

Estimated Cost \$ (include equipment and labor \$25K limit per building in any 12 month period)

Description of Work (Use Section 10) Replacement storage tanks only (330 Gallon Max) BTU's of existing boiler (Input and Output):**8 Boiler Data** For Oil or Gas Low Pressure Boiler Only

<input type="checkbox"/> Low Pressure Gas (LMP)	<input type="checkbox"/> Low Pressure Oil	Item—Manufacturer/Trade Name	MEA# or Listing Agency ID#	Model Number	# of Boilers	Input (BTUs/hr)	Output (BTUs/hr)

 I certify that the existing chimney complies with all applicable rules and regulations. The device complies with ECCCNYS Table 803.2.2(5) if applicable

9 Sprinkler Data (LFSC Only) Note: selections marked with LHO are only allowed in Light Hazard Occupancy	
<input type="checkbox"/> Per §28-101.5 add SP heads (limited to 5) not off domestic water (LHO) <input type="checkbox"/> Replace/repair/relocate SP piping (SP operation unaffected)	
<input type="checkbox"/> Add SP heads off combined SP/SD (limited to 5) (LHO) <input type="checkbox"/> SP off domestic water supply (domestic water connection must be filed by a Plumber)	
<input type="checkbox"/> Rearrangement of sprinkler heads (limited to 20) (LHO) Job # of Plumbing filed by LMP for domestic water connection: _____	
<input type="checkbox"/> Replace SP heads of same size and type <input type="checkbox"/> Relocate auxiliary hose sources/cabinets combined SP/SD system (limited to 10ft) <input type="checkbox"/> Replace/repair SD (combined SP/SD system)	
Estimated Cost: \$ _____	(include equipment and labor (\$25K limit per building in any 12 month period))
Description of Work (Use Section 10)	

10 Description of Work Required for all applications

REPLACING EXISTING DOMESTIC WATER BOOSTER SYSTEM WITH BELL & GOSSETT MODEL #QV2VED4F50, 200 GPM, STATION DISCHARGE PRESSURE 84 PSI, WITH BELL & GOSSETT EXPANSION TANK PT-42V

A PW1 with associated permits to be filed within 60 days for the installation of equipment/material

11 Fee Exemption Request Statement (Check only if Fee Exempt)

The building or property, for which the work described in this application will be performed, is used exclusively for the purposes articulated in §28-112.1 of the New York City Building Code.

12 Owner Required for all applications

Select one: Government Individual Corporation Partnership Condo/Co-op Non-profit

Last Name: GENDRON	First Name: CHARLES	MI:
Title: GENERAL PARTNER	Business Name/Agency: METRO COURT REDEVELOPMENT ASSCIATES,LP	
Address: 15 WEST 39TH STREET 7TH FLOOR	City: NEW YORK	State: NY ZIP: 10018
E-mail Address:	Phone: 212-835-9040	Fax Number:

If Corporation - provide information for second officer; if Condo / Co-op - provide Board Director's information. Title of person listed below: VICE PRESIDENT

Last Name: SALOMON	First Name: ROBERT	MI:
Address: 15 WEST 39TH STREET	City: NY	State: NY ZIP: 10018
E-mail Address:	Phone: 347-715-8990	Fax Number:

13 Applicant's Affidavit (for SP/SD work only)

Licensed: Master Plumber, Fire Suppression Contractor

- I certify that the operation of the sprinkler system will not be altered or changed and no heads will be installed in the hydraulically remote area of any fire section.
- I certify that the work herein, authorized under §28-105.4.4 will be completed in compliance with the relevant sections of the Administrative Code as well as the rules and regulations of the New York City Department of Buildings.
- I certify that, in accordance with §28-401.4 of the New York City Administrative Code, I will perform the proposed work described in this application, and/or the work will be performed under my direct and continuing supervision by persons in my direct employ.

Name (please print)

Signature

Date

Licensed Seal

14 Applicant's Statement & Signatures

Licensed: Master Plumber, Oil / Burner Installer, Fire Suppression Contractor

I hereby state that the information above is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1.2, and 28-203.1.1 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

- In accordance with §28-104.8.3 of the NYC Administrative Code, I hereby declare that I am authorized by the owner of the above referenced premises to make this application for a permit to perform the work described herein.
- I hereby state that I have complied with all the relevant sections of the NYC Administrative Code as well as the rules and regulations of the New York City Department of Buildings, whether specified or not.
- I hereby state that I am in compliance with §24-220 of the NYC Noise Code if applicable, which requires a complete and accurate Construction Mitigation Plan at the work site.

Name (please print)
VITO VACIRCA

Signature

Vito Vacirca

7-19-2011

Date

Licensed Seal

Complete if applicable: I am authorized by the owner of the above referenced premises to supersede the previous contractor of record for the above address replacing application number

Internal use only

Amount Paid: <u>100.00</u>	Verifying Signature: <u> </u>	Date: <u>7/19/11</u>
I hereby certify that the work indicated above has been completed in a manner required by the Rules and Regulations of the New York City Department of Buildings, except where reported adversely.		
Plumbing Inspector's Full Name (please print):	Boiler Inspector's Full Name (please print):	
Plumbing Inspector's Signature:	Date:	Boiler Inspector's Signature:
Department of Buildings Boiler No(s):	Date:	