



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 343

Street Name GRAND STREET

Borough MANHATTAN

Block 310

Lot 14

BIN 1004030

CB No. 103

Work on Floor(s) CEL

2 Work Type Information Required for all applications. Select all that apply. Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$ 15000

Cost: \$

Cost: \$

Total sprinkler heads in 8B: 0

Total sprinkler heads in 8A:

To remove violation(s): 1)

To remove violation(s): 1)

To remove violation(s): 1)

2)

2)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

Sanitary Drainage Discharges into: select one.

☐ Storm Sewer

☐ Combined Sewer

☐ Private Disposal

☐ Sanitary Sewer

☐ Combined Sewer

☐ Private Disposal

4 Sewer Work Select all that apply.

☐ SD-1, SD-2, SD-3

☐ Site Connection

☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☐ Cap or Remove

Describe all:

☐ Replace or Relocate

Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

2" GAS PIPING TO PIZZA OVEN

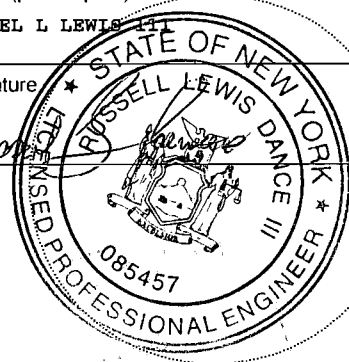
Total Location(s), floor/apt. - list all that apply:
Meters total: 1 CEL

Risers total: 1 CEL 001

Gas Usage: ☐ Heat ☐ Dryer ☐ Water Heater ☐ Tankless Coil
☐ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner
☒ Other: OVEN

7 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.

Name (please print) RUSSEL L LEWIS	
Signature <i>Russell Lewis</i>	Date 12/2/14
	
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

DOB Reference Number: T00000486790-000056
User Ref ID: 343GS

8 Equipment Information <i>For new work only.</i>																	
System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping															
		CEL	1														
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry																
	P* Sprinkler Piping - Wet																
	E* Dry Pipe Valve																
	E* Booster Pump - SP																
	F Floor/Riser Control Valve																
	F Siamese FDC																
	F Sprinkler Heads																
	F Sprinkler Heads over 999																
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)																
8C Fire Standpipe (SD)	P* Standpipe Piping																
	E* Fire Pump																
	E* Special Service Fire Pump																
	F Floor/Riser Control Valve																
	F Hose Cabinet/Rack/Valve																
8D Water/San. (PL)	F Siamese FDC																
	P* Sanitary Piping (Soil & Venting)																
	P* Water Piping																
	P Water Service Piping																
	E Sewer Ejection Pump																
	F Bathtubs/Whirlpools/Hot Tub/Sauna																
	F Bidet																
	F Chiller/Cooler																
	F Dishwasher																
	F Domestic Water Tank/Pump																
	F Drinking Fountain																
	F Floor Drain																
	F Grease Trap/Oil Separator		1														
	F Ice Maker																
	F In-sink Garbage Disposal																
	F Lavatory (Common Wash Basin)		3														
	F Laundry - Standpipe																
	F Pool																
	F RPZ/Backflow Preventer (Primary)																
	F RPZ/Backflow Preventer (Secondary)																
	F Sink - Non Residential		2														
	F Sink - Residential																
	F Stall Shower																
	F Tankless Coil																
	F Toilet (Water Closet)																
	F Urinal																
	F Washing Machine																
	F Water Heater (Non-Gas)																
8E Storm (PL)	P* Storm Drainage Piping																
	E Sump Pump																
	F Area/Yard Drain																
	F Detention Tank																
	F Dry Well/Retention																
8F Gas (PL)	F Roof Drain																
	P* Gas Piping	1	1														
	E Emergency Shut-off Valve																
	E* Fire Suppression Shut-off Valve																
	E Gas Booster Pump																
	F Cooking Equipment (non-residential)																
	F Cooking Equipment (residential)																
	F Gas Boiler (<350K, non-comm,<6 family)																
	F Gas Burner																
	F Gas Dryer																
	F Gas Furnace																
	F Gas Meter																
8G Medical (PL)	F Gas Water Heater																
	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test **may** be required.

DOB Reference Number: T00000486790-000064

User Ref ID: 343GS

7/08