



# PW1: Plan / Work Application

Must be typewritten.



## 1 Location Information *Required for all applications.*

House No(s) 59

Street Name 4TH AVENUE

Borough MANHATTAN

Block 00555

Lot 00011

BIN 1008955

C.B. No. 103

Work on Floor(s) 007

Apt. / Condo No(s) 7B

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

Last Name MCSWEENEY

First Name MICHAEL

Middle Initial

Business Name MCSWEENEY ENGINEERING

Business Telephone (908) 227-9302

Business Address 15 KOSSMAN ST EAST

Business Fax

City BRUNSWICK

State NJ

Zip 08816

Mobile Telephone

E-Mail MICHAEL@MCSWEENEY-ENG.COM

License Number 084848

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 ALAM

First Name SHAYDUL

Middle Initial

Business Name METROPOLIS GROUP INC

Business Telephone (212) 233-6344

Business Address 22 CORTLANDT STREET, 10TH FLOOR

Business Fax (212) 233-6333

City NEW YORK

State NY

Zip 10007

Mobile Telephone

E-Mail SHAYDULA@METROPOLISNY.COM

Registration Number X00516

## 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 1968

Choose ☒ Standard Plan Examination or Review

one: ☐ Professional Certification PC1, POC1

☐ Professional Cert. 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, 24-25

Will PAA affect filing fees? ☐ Yes ☐ No

☐ New (Superseding) Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 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, 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, 22, 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, 9L, 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

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW1C

6B ☐ EQ - Construction

Equipment 15

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☐ MH - Mechanical

6C ☐ OT/GC - General

Construction

☐ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☒ SP - Sprinkler PW1B

6D ☐ OT - Other, describe:

6E ☐ CC - Curb Cut 16

6F ☐ OT/ANT - Antenna

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000557147-000032

User Ref ID: 59 4TH SP

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**7 Plans/Construction Documents Submitted** *Plans are required for most applications.*

☐ AR - Architectural ☐ BP - BPP Checklist ☐ DM - Demolition (Full/Partial) ☐ EN - Energy Analysis ☐ FO - Foundation or ☐ NP - No Plans  
☐ ME - Mechanical ☒ OT - Other ☐ PL - Plumbing ☐ ST - Structural ☐ ZO - Zoning

**8 Additional Information**

8A	WT	Cost	WT	Cost	WT	Cost	8B	Is a building enlargement proposed?	8C	Estimated Job Cost \$
	SP	10000						<input checked="" type="checkbox"/> No enlargement is proposed	8D	Street Frontage: linear ft.
								<input type="checkbox"/> Yes 12, PD1	8E	Height: ft. Width: ft.
								<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F	Name of cluster or development below:
								Additional Construction Floor Area:		
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 checked="" type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>			9G	Local Law No(s)	Year
9B	<input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>		<input checked="" type="checkbox"/> Landmark			
	<input type="checkbox"/> Other, specify: _____		<input type="checkbox"/> "Little E" Hazmat Site			
	<input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i>		<input type="checkbox"/> Unmapped Street	9H	Violation No(s)	
	<input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i>		<input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i>			
	<input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued			9I	BSA Calendar No(s)	
9C	<input checked="" type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>		<input checked="" type="checkbox"/> Included in LMCCC			
	<input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)		<input checked="" type="checkbox"/> Infill Zoning	9J	CPC Calendar No(s)	
	<input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)		<input checked="" type="checkbox"/> Loft Board			
	<input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling		<input checked="" type="checkbox"/> Quality Housing			
	<input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>		<input checked="" type="checkbox"/> Site Safety Job/Project			
9D	<input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems			9K	High-Rise Team Tracking Number:	
9E	<input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>					
	<input checked="" type="checkbox"/> Structural Stability affected by proposed work					
9L	<input checked="" type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]					
9M	CRFN(s) Restrictive Declaration / Easement (max. 4):					
9N	CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):					

**10 NYCECC Compliance** *New York City Energy Conservation Code*

- ☒ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC\*
- ☐ Energy analysis is on another job number: \_\_\_\_\_
- Yes No
- ☒ This application is, or is part of, a project that utilizes trade-offs among different major systems
- ☒ This application utilizes trade-offs within a single major system
- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC\* in accordance with one of the following: *Choose one*
- ☐ The work is an alteration of a State or National historic building.
- ☐ The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
- ☐ The scope of work does not affect the energy use of the building.
- ☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

\* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

**11 Job Description**

INSTALL SPRINKLER HEADS AND RELATED PIPING AS SHOWN ON DRAWINGS  
FILED HERewith. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

**11A Related DOB Job Numbers**

11B Primary application job no.

DOB Reference Number: T00000557147-000032

User Ref ID: 59 4TH SP

<b>12 Zoning Characteristics</b>													
12A District(s) <b>C6-1</b>				12B Street legal width: _____ ft.									
Overlay(s)				Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private									
Special Dist.(s)				If the zoning lot includes multiple tax lots, list all tax lots here ►									
Map Number <b>12C</b>													
12C Proposed: Use*				Zoning	Floor Area	District	FAR	Proposed Lot Details:			Proposed Yard Details:		
					sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through			Check here if no yards: <input type="checkbox"/> or		
					sq. ft.			Lot Coverage _____ %			Front Yard _____ ft.		
					sq. ft.			Lot Area _____ sq. ft.			Rear Yard _____ ft.		
					sq. ft.			Lot Width _____ ft.			Rear Yard Equivalent _____ ft.		
					sq. ft.			Proposed Other Details:			Side Yard 1 _____ ft.		
					sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No			Side Yard 2 _____ ft.		
<b>Proposed Totals</b>					sq. ft.			If yes, no. of parking spaces: _____					
<b>Existing Total</b>					sq. ft.			Perimeter Wall Height _____ ft.					
*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.													

<b>13 Building Characteristics</b> *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. <sup>1</sup> Residential w/other use.									
13A Primary structural system, choose <b>one</b> : <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? <sup>1</sup> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Seismic Design Category		2008 Code Designations?		2008 Code Designations?		13E			
						Existing			
13C Occupancy Classification*		<b>J-2</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building Height <b>109</b> ft.			
Construction Classification		<b>1</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Building Stories <b>8</b>			
Multiple Dwelling Classification		<b>HACA</b>				Dwelling Units <b>15</b>			
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input 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 type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968									

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

<b>15 Construction Equipment</b>									
<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: _____									

<b>16 Curb Cut Description</b>									
Size of cut (with splays): _____ ft.									
Distance to nearest corner: _____ ft.									
to street: _____									

<b>17 Tax Lot Characteristics</b>									
Original tax lots being merged or reapportioned (if applicable):									
Tentative tax lot numbers (new tax lots only):									

<b>18 Fire Protection Equipment</b>									
Existing Proposed									
Yes No Yes No									
Fire Alarm <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Fire Suppression <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Sprinkler <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Standpipe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

<b>19 Open Spaces</b>									
Existing		Proposed		Existing		Proposed			
Plaza Area	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.		
Parking Area	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.		
Loading Berths	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.	sq. ft.		

<b>20 Site Characteristics</b>									
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									

**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(b)).

**23 Sign**

- |   |  |                            |   |
|---|--|----------------------------|---|
| Purpose:  | Type:                                    | Estimated Cost: \$         | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect                         |
| <input type="checkbox"/> Advertising  | <input type="checkbox"/> Illuminated 23A | Total Square Feet:         | Yes No  |
| <input type="checkbox"/> Non-Advertising  | <input type="checkbox"/> Non-Illuminated | Height above Curb: ft. in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B |
| Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall             | Height above Roof: ft. in.               |                            |   |
| Yes No  |  |                            | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?  |
| <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by: ft. in.      |  |                            | 23C Sign wording. If extensive, provide only key wording.   |
| <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C                            |  |                            |   |
| <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G  |  |                            | 23D Distance from Arterial Highway: ft.   |
| <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D     |  |                            | 23E Distance from Park 1/2 acre or more: ft.  |
| <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E |  |                            | 23F OAC Sign Number:  |
|   |  |                            | 23G OAC Registration Number:  |
- 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

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

MICHAEL SWEENEY

Signature

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

Date

1/14/12

DOB Reference Number: T00000557147-000032

User Ref ID: 59 4TH SP

01/11

**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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

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 New York City Energy Conservation Code (NYCECC).

Yes No

- ☐ ☒ **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 satisfactory 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): PATRICK CURLEY

Relationship to Owner: BOARD PRESIDENT

Business Name/Agency: FOURTH AVENUE LOFT CORPORATION

Street Address: 345 7TH AVENUE

City: NEW YORK State: NY Zip: 10001

Telephone Number: (212) 268-0494 Fax: ( ) -

E-Mail Address: PCURLEY@PIPERLINE.COM

Signature and Date 

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

Name (please print): LOUIS SANDBERG


Title:

Street Address: 345 7TH AVENUE

City: NEW YORK State: NY Zip: 10001

Telephone Number: (212) 268-0494 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-File Name:

Pre-File Signature: Date:

Cost Estimate: \$

Amount Due: \$ Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes: