



DEPT OF BLDGS140882070

Job Number

ES517201594

Scan Code

**POC1: Professional Certification:
Applicant and Owner Statements***Must be typewritten.*

Affix BIS job number label here.

Where this POC1 is electronically filed, the signatures and statements in sections 5 and 6 of this form correspond to accompanying, as specified herein, electronically filed documents.

1 Location Information *Required for all applications.*House No(s) **3041**Street Name **BROADWAY**Borough **1**Block **1992**Lot **13**BIN **1059836**CB No. **109****2 Professional's Certification** *Required for all applications.*

"I hereby state that I have exercised a professional standard of care in certifying that the filed application (including an electronically filed application, if applicable) 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 professionally 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

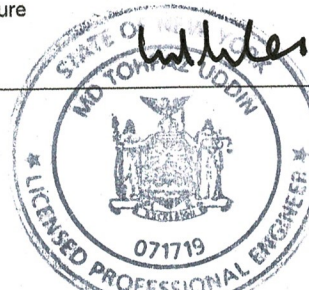
License Number **071719**

Name (please print)

MD TOFAZ UDDIN**12/26/19**

Signature

Date



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

3 Owner's Statement *Required for all applications.*

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."

Last Name **LAFFEY**First Name **WILLIAM**

Middle Initial

Signature

William Laffey

Date

12/26/19**4 Contact Information** *Required for all applications. Provide at least one means of reliable contact for each party named below.*

	Telephone Number	Mobile Telephone	Fax Number	E-Mail Address
Applicant	(347) 226-2941	(347) 935-2941		TOHFAZUDDINPE@YAHOO.COM
Owner	(718) 392-4921			INFO@SPRINGSCAFFOLDING.COM
Filing Representative*	(212) 226-6816		(212) 202-9602	INFO@AEDESIGNSOLUTIONINC.COM

*only if applicable

DOB Reference Number: **T00002242822**

07/12

5 Applicant's Statements and Signatures PW1, PW1B, PC1, TR1, and TR8**PW1 Section 25—Applicant's Statements and Signatures for the PW1 form that will be electronically submitted together with this form** Required for all automated pro-cert 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 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 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)

MD TOFAZ UDDIN

12/26/19

Signature

Date

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

PW1B Section 7—Applicant's Statements and Signatures for the PW1B form that will be electronically submitted together with this form Required for all automated pro-cert 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)

MD TOFAZ UDDIN

Signature

Date

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

PC1 Section 3—Statements and Signatures for the PC1 form that will be electronically submitted together with this form Required for all automated pro-cert 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.

Is a TR1 form required?

☐ Yes ☐ No

PAA only:

Is a ZD1 form required?

☐ Yes ☐ No

Name (please print)

MD TOFAZ UDDIN

12/26/19

Signature

Date

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

5 Applicant's Statements and Signatures—CONTINUED PW1, PW1B, PC1, TR1, and TR8

TR1 Section 5—Design Applicant's Statements and Signatures for the TR1 form that will be electronically submitted together with this form Required for all automated pro-cert applications. P.E./R.A. responsible for plans, choose both below and sign and seal.

☒ I have identified all of the special inspections, progress inspections and tests required for compliance.

Name (please print)

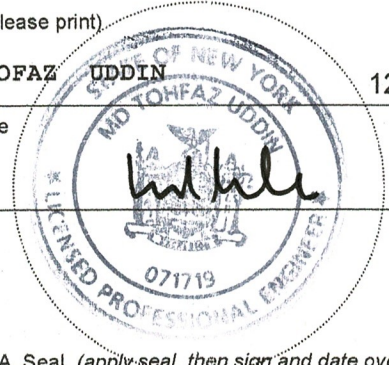
MD TOFAZ UDDIN

12/26/19

Signature

Date

☒ I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified in the TR1 form that will be electronically submitted together with this form are acceptable. (BC 1704.1)



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

TR8 Section 4—Design Applicant's Statements and Signatures for the TR8 form that will be electronically submitted together with this form Required for all automated pro-cert applications. P.E./R.A. responsible for plans must sign and seal.

I have identified herein all of the progress inspections and tests required for compliance.

Name (please print)

MD TOFAZ UDDIN

Signature

Date

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

6 Owners Statements and Signatures TR1 and PW1

TR1 Section 6—Owner's Statement and Signature for Progress/Special Inspector for the TR1 form that will be electronically submitted together with this form Required for all automated pro-cert applications.

I have reviewed the information provided in the TR1 form that will be electronically submitted together with this form and, to the best of my knowledge and belief, attest to the accuracy of that information. I approve the identification of the responsible progress inspector. 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 a fine or imprisonment, 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.

Name (print) WILLIAM LAFFEY

Title

Signature

William Laffey

Date 12/26/19

6 Owners Statements and Signatures—CONTINUED TR1 and PW1

PW1 Section 26—Property Owner's Statements and Signatures for the PW1 form that will be electronically submitted together with this form *Required for all automated pro-cert 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 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 the PW1 application that will be electronically submitted together with this form for the work specified therein 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): **WILLIAM LAFFEY**

Relationship to Owner: **AGENT**

Business Name/Agency: **SPRING SCAFFOLDING LLC**

Street Address: **49-30 31 PLACE**

City: **LIC** State: **NY** Zip: **11101**

Telephone Number: **(718) 392-4921** Fax:

E-Mail Address: **INFO@SPRINGSCAFFOLDING.COM**

Signature and Date **William Laffey** 12/26/19

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:

DOB Reference Number: T00002242822

07/12