

Plan/Work Report For PC Filing



June 07, 2007

Ref. #: 0123-SUBK

Doc 2

Department of Buildings, City of New York

NYC Department of Buildings - PCF.PW1

Location & Status

Borough: **BRONX (2)**

BIN:

Block:

Lot:

Address:

Filing Type: **Subsequent Filing**

Job Type: **New Building**

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: **Kravchenko, Nicholas**

Business Name: **Kravchenko & Associates**

Phone: **(631) 368-6183**

Address: **93 Elberta Drive, East Northport, NY 11731**

Professional Title: **PE**

License No.: **41241**

Other Description:

Filing Representative

Filing Rep Name: **Innes/Gonzales, Barbara/Maggie**

Registration No.: **M81722**

Business Name: **Fakler, Eliason & Porcelli AIA**

Phone: **(718) 357-6300**

Address: **59-07 175 Place, Fresh Meadows, NY 11365**

Considerations

Directive 14 Acceptance Req.:

Unmapped Street:

Infill Zoning:

Reel No.:

Legalization of Work After 89:

Quality Housing:

Landmark:

Page No.:

Professional Certification of Job/Plans.:

Local Law 5 of 73:

Adult Use:

Professional Certification Objections:

Local Law 16 of 84:

SRO:

Other
Considerations:

Old Code Review Requested:

Site Safety Job:

Loft Board:

Building Class:

CPC Calendar No.:

Fee Status:

BSA Calendar No.:

Alteration Details

Certificate of Occupancy Status:

Structural Stability Affected:

Equipment:

Making Change To:

Job Description:

Plans Submitted: ☐ AR ☐ ST ☐ ZO ☐ ME ☒ PL ☐ FO ☐ NP ☐ BPP Checklist

Work TypesWork Types and Costs: **PL \$1,000.00;**

Curb Cut Description:

OT Description:

Job Estimated Cost: **\$0.00****Building Information**

Community Board No.:

Map No.:

Apt. Nos./Condos:

Floors:

Special Place:

Occupancy Class:

Construction Class:

SiteAreaCharacteristics:

Zoning Districts:

Total Gross Floor Area:

No.of Dwelling Units:

Street Frontage:

Parking Sq. Footage:

Building Height:

Loading Berths:

Plaza Sq. Footage:

No.of Stories:

No. of Loading Berths:

Arcade Sq. Footage:

Ult.. No.of Stories: 3

No. of Parking Spaces:

Const. Equip. Waiver:

Fill:

Construction/Fire Protection Equipment

Const. Equipment:

Construction Material:

BSA/MEA Approval No.:

Standpipe:

Sprinkler:

Fire Alarm:

Fire Suppression:

Plot Diagram (Metes and Bounds)

Street Status:

Legal Width:

Beginning at the point on the
of the corner formed by the intersection of
running

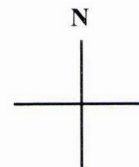
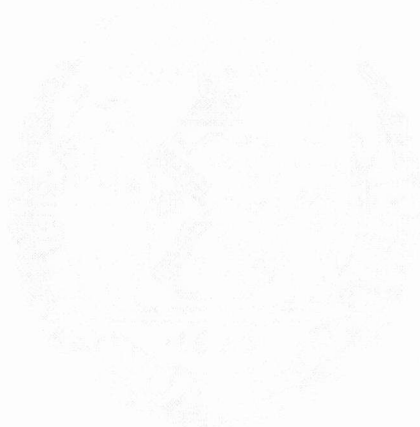
side of

distant
and

feet

to the point of beginning.

Diagram:



Comments

Herewith filing subsequent application to identify the engineer responsible for storm and sanitary drainage.

Lessee

Lessee Name:
Lessee Bus. Name:
Lessee Address:

Title:
Phone:

Signs

Sign Type:
Height Above Roof:
Sign Weight:
Square Footage:

Illuminated:
Wording:
Description:

Roof Sign is Tight/Closed/Solid:
Adjacent:
Advertising:

IBL:

Owner

Owner Type:
Owner Name:
Owner Title:
Business Name/Agency:
Owner Address:

Non-Profit:

Phone:

If Corporation, Condo/Co-op, name of second officer/Board of Director -

Name:
Title:
Address:

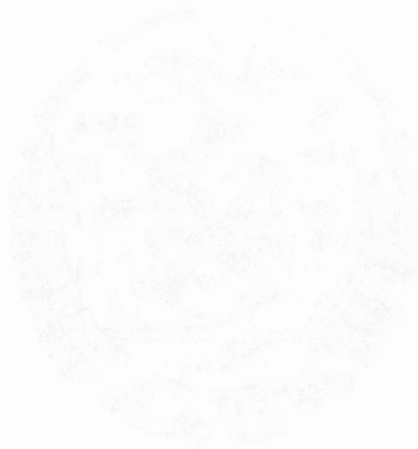
Phone:

Schedule B: Plumbing**Plumbing SubType**

New Installation	Made to Remove Violation	Violation No.	Storm Drain Discharges Into	Sanitary Drain Discharges Into	Related PL Job # for Domestic Water Connection	No Fixtures on Floors	Cap Or Remove	Relocate	Describe Cap/Remove/Relocate
Entire	N		Combined Sewer	Combined Sewer		N	N	N	
NO GAS PIPING INVOLVED									

Plumbing Fixtures

	OSP
AREA/YARD DRAIN (PL)	2



Statements and Signatures**Applicant's Statements**

I prepared or supervised the preparation of the plans and specifications submitted on the accompanying disk, identified with the reference number 0123-SUBK, and the CompanyID Fakler,-8886.50, prepared on the Department of Building's PC Filing System.

To the best of my knowledge and belief, the plans and work shown thereon and represented by this printed copy comply with the provisions of the Building Code and other applicable laws and regulations.

☐ except as set forth in the accompanying documents.

Cluster/Tract Housing Statement Complete if applicable

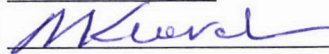
Lead Job Number:

I hereby state that application data for each individual job within this Cluster Group conform to the specifications for the above Lead Job Number, with exceptions as noted on the Cluster Detail Page(s), attached.

I acknowledge that I have complied with the instructions for the use of PC Filing, and have read and complied with instructions for the supplementary schedules submitted.

Applicant Name: **KRAVCHENKO, NICHOLAS**

Date: **6-11-07**

Applicant Signature: 

Seal (P.E. or R.A.)

**Owner's Statements**

I have authorized the applicant to file this application for the work specified herein, and the work specified on the accompanying disk, identified by the reference number **0123-SUBK**, prepared on the Department of Buildings PC Filing System, and all future amendments.

Owner's Certification Regarding Occupied Housing

The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.

The owner has notified DHCR of his intention to [file such plans/apply for such permit] and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
Date DHCR Notified:

Owner's Certification Regarding Adult Establishments

I authorize and intend to create, enlarge, or extend an adult establishment or related sign at the subject premises.

Fee Exemption Request Statement

In accordance with Section 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used **exclusively** for the purposes indicated in such section.

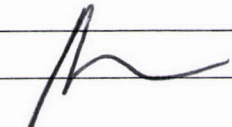
Fee Deferred Request Statement

I hereby request a fee deferred for the work proposed on this New Building or Alteration Type I application and understand that all fees must be paid before issuance of the C / O or job sign off.

Name of Signator : **Dubb, Michael**

Relationship to Building Owner: _____

Date: _____

Signature: 

Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code 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.

Examiner Signature: _____ Date: _____