



# PW1: Plan / Work Application

Must be typewritten.

|             |           |            |
|-------------|-----------|------------|
| DEPT. BLDGS | 220105650 | Job Number |
| SC220709571 |           | Scan Code  |

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

|                      |                         |        |             |              |
|----------------------|-------------------------|--------|-------------|--------------|
| House No(s) 2232     | Street Name ADAMS PLACE |        |             |              |
| Borough BRONX        | Block 3071              | Lot 46 | BIN 2012088 | C.B. No. 206 |
| Work on Floor(s) 1,2 | Apt. / Condo No(s)      |        |             |              |

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

|                                                                                                                                                                               |                                 |                |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------|------------------|
| Last Name SERVATIUS                                                                                                                                                           | First Name THEODORE             | Middle Initial |                  |
| Business Name NA                                                                                                                                                              | Business Telephone 646-752-4133 |                |                  |
| Business Address 244 WEST 99TH STREET                                                                                                                                         | Business Fax                    |                |                  |
| City NY                                                                                                                                                                       | State NY                        | Zip 10025      | Mobile Telephone |
| E-Mail                                                                                                                                                                        | License Number NA- OWNER        |                |                  |
| Choose one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input checked="" type="checkbox"/> Other, please specify: OWNER |                                 |                |                  |

## 3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

|                  |                     |                |                  |
|------------------|---------------------|----------------|------------------|
| Last Name        | First Name          | Middle Initial |                  |
| Business Name    | Business Telephone  |                |                  |
| Business Address | Business Fax        |                |                  |
| City             | State               | Zip            | Mobile Telephone |
| E-Mail           | Registration Number |                |                  |

## 4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26<br>Review is requested under which Building Code?<br><input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968<br>Choose <input type="checkbox"/> Standard Plan Examination or Review<br>one: <input type="checkbox"/> Professional Certification PC1, POC1<br><input type="checkbox"/> Professional Cert. of Objections A11 | <input type="checkbox"/> Prior to Approval Actions 25-26<br><input type="checkbox"/> Amend Existing Filing 4A<br><input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11<br><input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25<br>Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> New (Superseding) Applicant 4A, 25-26 | <input type="checkbox"/> Reinstatement 24-26<br><input checked="" type="checkbox"/> Withdrawal 26<br><input type="checkbox"/> Specified in 4A and 6<br><input checked="" type="checkbox"/> Entire Job<br>4A Indicate existing document number affected by filing: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 5 Job/Project Types *Choose one and provide specified associated information.*

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply:<br><input type="checkbox"/> Change in Exits<br><input type="checkbox"/> Change in Number of Stories<br><input type="checkbox"/> Change in Number of Dwelling Units<br><input type="checkbox"/> Change in Occupancy / Use<br><input type="checkbox"/> Change inconsistent with current Cert. of Occup. | <input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1<br><input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22<br><input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22<br><input type="checkbox"/> New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1 | <input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22<br><input type="checkbox"/> Sign 5A, 6B-D, 9B, 22-23<br><input type="checkbox"/> Subdivision 9B, 12A-B<br><input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17<br>5A Directive 14 acceptance requested?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> BL - Boiler PW1C<br><input type="checkbox"/> FA - Fire Alarm<br><input type="checkbox"/> FB - Fuel Burning PW1C | <input type="checkbox"/> FS - Fuel Storage PW1C<br><input type="checkbox"/> FP - Fire Suppression<br><input type="checkbox"/> MH - Mechanical | <input type="checkbox"/> PL - Plumbing PW1B<br><input type="checkbox"/> SD - Standpipe PW1B<br><input type="checkbox"/> SP - Sprinkler PW1B | 6E <input type="checkbox"/> CC - Curb Cut 16<br>6F <input type="checkbox"/> OT/ANT - Antenna<br><input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D<br><input type="checkbox"/> OT/FPP - Fire Protection Plan<br><input type="checkbox"/> OT/MAR - Marquee 8E, 26B |
| 6B <input type="checkbox"/> EQ - Construction Equipment 15                                                                                  | 6C <input type="checkbox"/> OT/GC - General Construction                                                                                      | 6D <input type="checkbox"/> OT - Other, describe:                                                                                           |                                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Plans/Construction Documents Submitted</b> <i>Plans are required for most applications.</i> |
| <input type="checkbox"/> AR - Architectural <input type="checkbox"/> BP - BPP Checklist <input type="checkbox"/> DM - Demolition (Full/Partial) <input type="checkbox"/> EN - Energy Analysis <input type="checkbox"/> FO - Foundation or <input type="checkbox"/> NP - No Plans<br><input type="checkbox"/> ME - Mechanical <input type="checkbox"/> OT - Other <input type="checkbox"/> PL - Plumbing <input type="checkbox"/> ST - Structural <input type="checkbox"/> ZO - Zoning |                                                                                                |

|                                                                                                                                                                      |    |      |    |      |                                          |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|----|------|------------------------------------------|------|
| <b>8 Additional Information</b>                                                                                                                                      |    |      |    |      |                                          |      |
| 8A                                                                                                                                                                   | WT | Cost | WT | Cost | WT                                       | Cost |
|                                                                                                                                                                      |    |      |    |      |                                          |      |
|                                                                                                                                                                      |    |      |    |      |                                          |      |
|                                                                                                                                                                      |    |      |    |      |                                          |      |
|                                                                                                                                                                      |    |      |    |      |                                          |      |
|                                                                                                                                                                      |    |      |    |      |                                          |      |
| 8G Total Construction Floor Area:                                                                                                                                    |    |      |    |      | sq. ft.                                  |      |
| 8B Is a building enlargement proposed?                                                                                                                               |    |      |    |      | 8C Estimated Job Cost \$                 |      |
| <input type="checkbox"/> No enlargement is proposed<br><input type="checkbox"/> Yes 12, PD1<br><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical |    |      |    |      | 8D Street Frontage: linear ft.           |      |
| Additional Construction Floor Area:                                                                                                                                  |    |      |    |      | 8E Height: ft. Width: ft.                |      |
|                                                                                                                                                                      |    |      |    |      | 8F Name of cluster or development below: |      |
|                                                                                                                                                                      |    |      |    |      | Project lead job no.                     |      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------|-------------------------------------------|
| <b>9 Additional Considerations, Limitations or Restrictions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |
| 9A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No | Yes                                                                                                                                                                                                                                                                                                                                                      | No | 9F                                 | Structural Peer Reviewer License No. P.E. |
| <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>                                                                                                                                                                                                                                                                                                                                                                                                                        |     |    | <input type="checkbox"/> <input type="checkbox"/> Landmark                                                                                                                                                                                                                                                                                               |    | 9G Local Law No(s) Year            |                                           |
| <input type="checkbox"/> <input type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i><br><input type="checkbox"/> <input type="checkbox"/> Other, specify: _____                                                                                                                                                                                                                                                                                                                                                           |     |    | <input type="checkbox"/> <input type="checkbox"/> "Little E" Hazmat Site<br><input type="checkbox"/> <input type="checkbox"/> Unmapped Street                                                                                                                                                                                                            |    | 9H Violation No(s)                 |                                           |
| <input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i><br><input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i><br><input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued                                                                                                                                                                             |     |    | <input type="checkbox"/> <input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i>                                                                                                                                                                                                                                                       |    | 9I BSA Calendar No(s)              |                                           |
| <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i><br><input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing)<br><input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing)<br><input type="checkbox"/> <input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling<br><input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i> |     |    | <input type="checkbox"/> <input type="checkbox"/> Included in LMCCC<br><input type="checkbox"/> <input type="checkbox"/> Infill Zoning<br><input type="checkbox"/> <input type="checkbox"/> Loft Board<br><input type="checkbox"/> <input type="checkbox"/> Quality Housing<br><input type="checkbox"/> <input type="checkbox"/> Site Safety Job/Project |    | 9J CPC Calendar No(s)              |                                           |
| 9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems                                                                                                                                                                                                                                                                                                                                                                                             |     |    |                                                                                                                                                                                                                                                                                                                                                          |    | 9K High-Rise Team Tracking Number: |                                           |
| 9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i><br><input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work                                                                                                                                                                                                                                                                                                 |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |
| 9L <input type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]                                                                                                                                                                                                                                                                                                                                                                                    |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |
| 9M CRFN(s) Restrictive Declaration / Easement (max. 4):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |
| 9N CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |                                                                                                                                                                                                                                                                                                                                                          |    |                                    |                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>NYCECC Compliance</b> <i>New York City Energy Conservation Code</i> |
| <input type="checkbox"/> To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*<br><input type="checkbox"/> Energy analysis is on another job number: _____<br>Yes No<br><input type="checkbox"/> <input type="checkbox"/> This application is, or is part of, a project that utilizes trade-offs among different major systems<br><input type="checkbox"/> <input type="checkbox"/> This application utilizes trade-offs within a single major system                                                                                                                                                                              |                                                                        |
| <input type="checkbox"/> 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: <i>Choose one</i><br><input type="checkbox"/> The work is an alteration of a State or National historic building.<br><input type="checkbox"/> The scope of work is entirely in a "low-energy building" and is limited to the building envelope.<br><input type="checkbox"/> The scope of work does not affect the energy use of the building.<br><input type="checkbox"/> 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.

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>11 Job Description</b>       | <b>11A Related DOB Job Numbers</b> |
|                                 |                                    |
|                                 |                                    |
|                                 |                                    |
|                                 |                                    |
| 11B Primary application job no. |                                    |

|                                                                 |  |                   |          |                                                                                                                                                                                                       |                                                                                                              |  |  |                                                     |  |  |
|-----------------------------------------------------------------|--|-------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------|--|--|
| <b>12 Zoning Characteristics</b>                                |  |                   |          |                                                                                                                                                                                                       |                                                                                                              |  |  |                                                     |  |  |
| 12A District(s)<br>Overlay(s)<br>Special Dist.(s)<br>Map Number |  |                   |          | 12B Street legal width: _____ ft.<br>Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private<br><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i> |                                                                                                              |  |  |                                                     |  |  |
| 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. †Residential w/other use.                                                                                                                                                                                                  |  |                                                          |  |                                                          |  |                                                                                              |  |           |  |
| 13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast)<br><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 type="checkbox"/> Other |  |           |  |
| Structural Occupancy Category                                                                                                                                                                                                                                                                                                                  |  |                                                          |  |                                                          |  | Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |           |  |
| Seismic Design Category                                                                                                                                                                                                                                                                                                                        |  | 2008 Code Designations?                                  |  | 2008 Code Designations?                                  |  | 13E                                                                                          |  |           |  |
| 13C Occupancy Classification*                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input checked="" type="checkbox"/> Yes**                |  | Existing                                                                                     |  | Proposed  |  |
| Construction Classification                                                                                                                                                                                                                                                                                                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Building Height _____ ft.                                                                    |  | _____ ft. |  |
| Multiple Dwelling Classification                                                                                                                                                                                                                                                                                                               |  |                                                          |  |                                                          |  | Building Stories _____                                                                       |  | _____     |  |
|                                                                                                                                                                                                                                                                                                                                                |  |                                                          |  |                                                          |  | Dwelling Units _____                                                                         |  | _____     |  |
| 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</b> Choose one.                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <input 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>            |  |                                        |  |                                       | <b>16 Curb Cut Description</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: _____  |  | Size of cut (with splays): _____ ft.  |                                |  |  |  |  |
|                                             |  |                                        |  | Distance to nearest corner: _____ ft. |                                |  |  |  |  |
|                                             |  |                                        |  | to street: _____                      |                                |  |  |  |  |

|                                                                  |  |  |  |  |  |  |  |  |  |                                                                                                                      |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|----------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>17 Tax Lot Characteristics</b>                                |  |  |  |  |  |  |  |  |  | <b>18 Fire Protection Equipment</b>                                                                                  |  |  |  |  |  |  |  |  |  |
| Original tax lots being merged or reapportioned (if applicable): |  |  |  |  |  |  |  |  |  | Existing Proposed                                                                                                    |  |  |  |  |  |  |  |  |  |
|                                                                  |  |  |  |  |  |  |  |  |  | Yes No Yes No                                                                                                        |  |  |  |  |  |  |  |  |  |
| Tentative tax lot numbers (new tax lots only):                   |  |  |  |  |  |  |  |  |  | Fire Alarm <input 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> |  |          |  |          |  |                |  |          |  | <b>20 Site Characteristics</b> |  |                                                                                |  |  |  |  |  |  |  |  |  |
|                       |  | Existing |  | Proposed |  |                |  | Existing |  | Proposed                       |  | Yes No                                                                         |  |  |  |  |  |  |  |  |  |
| Plaza Area            |  | sq. ft.  |  | sq. ft.  |  | Arcade Area    |  | sq. ft.  |  | sq. ft.                        |  | <input type="checkbox"/> <input type="checkbox"/> Tidal / Fresh Water Wetlands |  |  |  |  |  |  |  |  |  |
| Parking Area          |  | sq. ft.  |  | sq. ft.  |  | Parking Spaces |  |          |  |                                |  | <input type="checkbox"/> <input type="checkbox"/> Urban Renewal                |  |  |  |  |  |  |  |  |  |
| Loading Berths        |  | sq. ft.  |  | sq. ft.  |  | Loading Berths |  |          |  |                                |  | <input type="checkbox"/> <input type="checkbox"/> Fire District                |  |  |  |  |  |  |  |  |  |
|                       |  |          |  |          |  |                |  |          |  |                                |  | <input type="checkbox"/> <input 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: ☐ Advertising ☐ Non-Advertising  
Type: ☐ Illuminated 23A ☐ Non-Illuminated  
Estimated Cost: \$ \_\_\_\_\_  
Total Square Feet: \_\_\_\_\_  
Height above Curb: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
Height above Roof: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
Location: ☐ Ground ☐ Roof 23B ☐ Wall  
Yes No  
☐ ☐ Is sign inside building line? If no, sign projects by: \_\_\_\_\_ ft. \_\_\_\_\_ in.  
☐ ☐ Designed for changeable copy? If no, 23C  
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G  
☐ ☐ Within 900' and within view of an arterial highway? If yes, 23D  
☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E  

→ 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

- 23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect  
Yes No  
☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B
- 23B ☐ ☐ Is roof sign tight, closed or solid?
- 23C Sign wording. If extensive, provide only key wording.
- 23D Distance from Arterial Highway: \_\_\_\_\_ ft.
- 23E Distance from Park 1/2 acre or more: \_\_\_\_\_ ft.
- 23F OAC Sign Number: \_\_\_\_\_
- 23G OAC Registration Number: \_\_\_\_\_

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

REQUEST DEMOLITION APPLICATION BE WITHDRAWN (AP-NPE STATUS) ALTERATION (# 220107293) FILED TO REPAIR BUILDING (NO DEMOLITION).

**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 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.

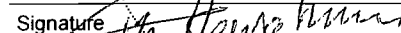
Yes No

- ☐ ☐ 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)

THEODORE SERVATIUS

Signature



Date

P.E. / R.A. Seal (Apply Seal, then Sign and date over Seal)

**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): **THEODORE SERVATIUS**

Relationship to Owner: **OWNER**

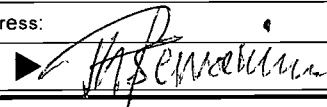
Business Name/Agency: **NA**

Street Address: **244 WEST 99TH STREET**

City: **NY** State: **NY** Zip: **10025**

Telephone Number: **646-752-4133** Fax:

E-Mail Address:

Signature and Date 

**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:

\* JOB # 220105650 WAS SUCCESSFULLY WITHDRAWN \*

03/14/11

MANAGEMENT SUPERVISORY FUNCTIONS

BISMMENS

=====

- JOBS:        {1} SUSPEND/RELEASE STATUS 'C' JOBS  
              {2} PUT JOB ON HOLD / REVOKE PERMIT  
              {3} RELEASE / REINSTATE HELD JOB / RESTORE PERMITS  
  
              {4} QUERY JOB HOLD COMMENTS  
              {6} WITHDRAWALS / CLOSURE  
              {9} 10-DAY LETTER OF REVOCATION  
              {10} ADD/CHANGE SITE FILL

BINS:        {5} PUT PROPERTY ON HOLD / RELEASE PROPERTY HOLD

- FEES:        {7} CHANGE FEE STATUS (ENTIRE JOB OR PAA)  
              {8} ENABLE PAYMENT OF DEFERRED D-14 JOB

WAIVERS:    {11} FENCE        {12} SITE SAFETY

SELECT:    \_\_        JOB NUMBER:        DOC:    {7}        BIN:        {5}

== PF1=PREV =====

03/14/11                    \*\*\* WITHDRAW ENTIRE BIS JOB \*\*\*                    BISMWDJ1

=====

JOB NUMBER: 220105650    TOTAL DOCUMENTS: 1    JOBTYP: FULL DEMOLITION  
BORO: 2    AT: 2232 ADAMS PLACE                    PRE-FILED: 02/22/11

-----  
HEREBY FILING FOR FULL DEMOLITION OF 2-STORY DETACHED PARTIALLY DAMAGED  
STRUCTURE AS PER PLANS.

WORK TYPES: EQ  
DIRECTIVE 14: N    FEE EXEMPT:                    BALANCE DUE:                    0.00  
CURRENT STATUS:    E =    AP-NPE                    ON    02/23/11

=====

TO WITHDRAW ENTIRE JOB, ENTER 'X' HERE:    x  
ENTER REASON FOR WITHDRAWAL:  
  ALT 1 application filed to repair building 220107293.....  
  .....  
  .....  
  .....

=====

PF1=PREVIOUS            PF2=MAIN                                    ENTER= WITHDRAW JOB