



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten

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DEPT BLDGS Job No. 220365860



Scan Code ESHS4169445

1 Location Information Required for all applications.

House No(s) 629 Street Name Bolton Ave
Borough Bronx Block 3562 Lot 59 BIN CB No.
Work on Floor(s)

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

☐ Plumbing - PL ☐ Sprinkler - SP ☐ Standpipe - SD
Cost: \$ Cost: \$ Cost: \$
Total sprinkler heads in 8B: Total sprinkler heads in 8A:
To remove violation(s): 1) To remove violation(s): 1) To remove violation(s): 1)
2) 2) 2)

3 Drainage Information

Storm Drainage Discharges into: select one. Sanitary Drainage Discharges into: select one.
☐ Storm Sewer ☒ Combined Sewer ☐ Private Disposal ☐ Sanitary Sewer ☒ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☐ HCP-1/HCP-2 ☐ Site Connection ☐ Septic Tank

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

☐ Cap or Remove Describe all: ☐ Replace or Relocate Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No Describe gas fired equipment:
BOILER, HOT WATER HEATER, GAS RANGE, DRYER

Total Location(s), floor/apt. - list all that apply:
Meters total: 2 OSP
Risers total: 2 CELLARTHU 2ND FLOOR

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

7 Applicant's Statements and Signatures Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both

Name (please print)	
Robert Bahary	
Signature	Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

PW1B data corr. *RD* 6/23/16

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8 Equipment Information For new work only.											
System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping									
		CEL	OSP	UND	001	002					
8A Sprinkler (SP) Must not be off domestic.	P* Sprinkler Piping - Dry										
	P* Sprinkler Piping - Wet	0			0	0					
	E* Dry Pipe Valve										
	E* Booster Pump - SP										
	F Floor/Riser Control Valve										
	F Siamese FDC										
	F Sprinkler Heads										
8B Sprinkler (PL)**	F Sprinkler Heads over 999										
	F Sprinkler Heads (thirty or less)				0	0					
8C Fire Standpipe (SD)	P* Standpipe Piping										
	E* Fire Pump										
	E* Special Service Fire Pump										
	F Floor/Riser Control Valve										
	F Hose Cabinet/Rack/Valve										
8D Water/San. (PL)	F Siamese FDC										
	P* Sanitary Piping (Soil & Venting)										
	P* Water Piping	1			1	1					
	P Water Service Piping			1							
	E Sewer Ejection Pump										
	E Submeters										
	F Bathtubs/Whirlpools/Hot Tub/Sauna	0			2	2					
	F Bidet										
	F Chiller/Cooler										
	F Dishwasher	0			1	1					
	F Domestic Water Tank/Pump										
	F Drinking Fountain										
	F Floor Drain	1									
	F Grease Trap/Oil Separator/GRD										
	F Ice Maker										
	F In-sink Garbage Disposal										
	F Lavatory (Common Wash Basin)	1			2	2					
	F Laundry - Standpipe										
	F Pool										
	F RPZ/Backflow Preventer (Primary)										
	F RPZ/Backflow Preventer (Secondary)										
	F Sink - Non Residential										
	F Sink - Residential	0			1	1					
	F Stall Shower										
	F Tankless Coil										
	F Toilet (Water Closet)	1			2	2					
	F Urinal										
	F Washing Machine	1									
	F Water Heater (Non-Gas)										
8E Storm (PL)	P* Storm Drainage Piping			1							
	E Sump Pump										
	F Area/Yard Drain		1								
	F Detention Tank										
	F Dry Well/Retention		1								
8F Gas (PL)	F Roof Drain										
	P* Gas Piping	1			1	1					
	E Emergency Shut-off Valve										
	E* Fire Suppression Shut-off Valve										
	E Gas Booster Pump										
	F Cooking Equipment (non-residential)										
	F Cooking Equipment (residential)	0			1	1					
	F Gas Boiler (<350K, non-comm, <6 family)	2									
	F Gas Burner										
	F Gas Dryer	1									
	F Gas Furnace										
	F Gas Meter		2								
	F Gas Water Heater	2									
8G Medical (PL)	P* Medical Gas Piping										
	E Assorted Medical Equipment										

** Must be off domestic.

* Indicates test **may** be required.