



DEPT BLDGS Job No. 220544212



Scan Code ESHS7483861

Borough President Ruben Diaz Jr.

OFFICE USE ONLY			
Application Receipt Number:	4822	Application EHN Number:	2016-144
Address Issued:	3223 PEARSALL AVENUE		

ALL FEES MUST BE PAID AND QUESTIONS COMPLETED BEFORE APPLICATION WILL BE PROCESSED

Applicant Information

Architect: ARNOLD S. MONTAG
Address 350 NORTHERN BLVD SUITE 322

Telephone (516) 829-7939
Zip Code 11021

Owner Yaniv Zohar
Address 84-03 Cuthbert Road

Telephone (917) 573-4475
Zip Code 11415

*Note: If the owner is an LLC, please provide the name of the primary principal. DO NOT write the name of the LLC.

Address Location:

Community District # 211 Postal Zip Code: 10469

Block # 4617 Final Lot # 54 (submit RP-602 if lot number is being changed)

Project Description:

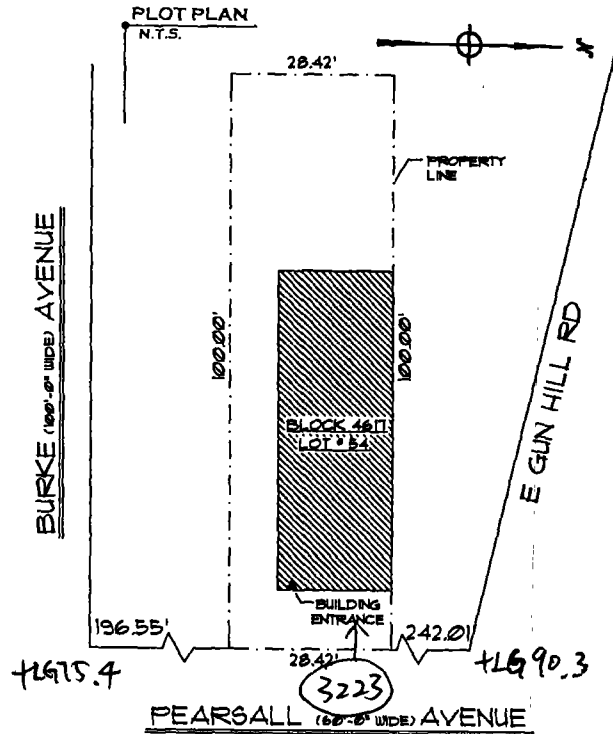
Land Use Type (check one)	☒ Residential	☐ Commercial	☐ Institutional
How many new buildings?	<u>1</u>	Building Use:	Building Classification Code
If residential, how many dwelling units?	<u>3</u>		
How many stories high?	<u>3</u>		
Total Floor Area (sq. ft)	Residential floor area: <u>3040</u>	Commercial floor area:	Institutional Floor area: <u>\$500,000</u>
Total Development Cost	Each structure: <u>\$259,000.00</u> Site total: <u>\$259,000.00</u>		
If no construction cost, please explain: <u>New Building DOB calculates the cost</u>			
Is there any government funding? Yes ☐ No ☒	Agency Name:		Program(s):
Construction dates	Starting:		Ending:

Please provide a site diagram on other side

SITE DIAGRAM

PLEASE PROVIDE ALL OF THE FOLLOWING:

1. ALL STREET NAMES
2. BLOCK & LOT(S) NUMBERS
3. LOCATION OF YOUR PROPERTY AND OUTLINE OF BUILDING(S)
4. DIMENSION OF YOUR LOT(S)
5. DISTANCE FROM CORNER TO YOUR LOT(S)
6. LOCATION OF MAIN ENTRANCES(S)
7. NORTH ARROW



OFFICE USE ONLY	
Grade Section #: 35	Title Map Section #: 30
Sanborn Volume #: 18	Plate #: 27
Mapped street?: YES ☒ NO	Street Width: 60'
Vested date 2/7/1928 Ceded date	Dedicated date , Private?
Fee Paid Amount: \$100.00	Receipt #: 4822
Application Received: 6/15/2016	Date Certified: 6/17/2016
Information verified by:	Supervisory Signoff:
Name: [Signature]	Name: [Signature]
Title: TOPOGRAPHIC PLANNER	Title: