



PW-1: Plan / Work Application

Must be typewritten.



2008 MAY 15 A 9:07

1 Location Information Required for all applications.

House No(s) 119 Street Name Java Street

Borough Brooklyn Block 2540 Lot 61 BIN 3064450 C.B. No. 301

Work on Floor(s) Cellar, Basement, 001 thru 003 Apt. / Condo No(s)

2 Applicant Information Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.

Last Name Eng First Name Ron Middle Initial J

Business Name Formactiv: Architecture, Design, Technology Business Telephone 212-414-2685

Business Address 20 Jay Street, Suite 1015 Business Fax 212-414-2659

City Brooklyn State New York Zip 11201 Mobile Telephone 917-612-4180

E-Mail ron@formactiv.net License Number 27239

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (demolition and certain Alt. 3 only), specify:**3 Filing Representative** Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.

Last Name Barber First Name Andrew Middle Initial K

Business Name Pantocraft, Inc. Business Telephone 646-522-7713

Business Address 20 Jay Street, Suite 1015 Business Fax 718-935-0902

City Brooklyn State New York Zip 11201 Mobile Telephone 646-522-7713

E-Mail andrew@pantocraft.com Registration Number B80528

4 Filing Status Required for all applications. In this section * means required for Alteration Type 2 jobs only.☐ Initial Filing 5, 7, 11-12, 24-25☐ Prof. Certify Job/Plans PC1, POC1☐ Self Certify Objections Only POC1☐ Changes Prior to Approval 23-24☐ Add Work Types 6-7, 8A*, 11☐ Amend Existing Filing 4A☒ PAA 4A, 23-24PAA effect fees? ☒ Yes ☐ No☐ New Applicant 4A, 24-25☐ Reinstatement 24-25☐ Withdrawal 24-25☐ Entire Job☐ Specified in 4A**4A Doc. # / Work Type**

Doc	WT	Doc	WT
3	OT		
3	PL		

5 Job Types Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.☐ Alteration Type 1 13-14, 18-20, 26-27, PW-1A☐ Partial Demolition☐ Room Count / Dwelling Units☐ Occupancy / Use☐ Egress

Select all that apply (at least one), 6A-E, 8B-C

☐ Alteration Type 1, OT: "No Work"

↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW1-A

☐ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20☐ Alteration Type 3 5A, 6B-F, 8C☐ Demolition 6B, 8D, 9A-B, 13-14, 21☐ New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, 26-27, PW-1A☐ Sign 5A, 6B-D, 9A, 22☐ Subdivision 5B, 9A☐ Condominium☐ Improved 175A Directive 14 acceptance requested? ☐ Yes ☐ No5B ☐ Check if filing includes lot merger / reapportionment 17

5C Total Construction Floor Area: sq. ft.

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 ☐ BL - Boiler PW1-C☐ FA - Fire Alarm☐ FB - Fuel Burning PW1-C☐ FS - Fuel Storage PW1-C☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing PW1-B☐ SD - Standpipe PW1-B☐ SP - Sprinkler PW1-B6B ☐ EQ - Construction Equipment 156C ☐ OT/GC - General Construction6D ☐ OT - Other provide description below:6E ☐ CC - Curb Cut 166F ☐ OT/ANT - Antennae☐ OT/BPP - Builders Pvmt. Plan 8D☐ OT/FPP - Fire Protection Plan☐ OT/MAR - Marquee 8E, 25B**7 Plans Submitted** Plans are required for most applications.☐ NP - No Plans

or

☐ AR - Architectural☐ BP - BPP Checklist☐ FO - Foundation☐ ME - Mechanical☐ OT - Other☐ PL - Plumbing☐ ST - Structural☐ ZO - Zoning

15 Construction Equipment <i>Choose one.</i>
☐ Chute ☐ Sidewalk Shed Const. Material: _____ ☐ Fence Size: _____ linear ft. BSA/MEA No. _____ ☐ Supported Scaffold ☐ Other: _____

16 Curb Cut Description
Size of cut (with splays): _____ ft.
Distance to nearest corner: _____ ft.
on street: _____

17 Tax Lot Characteristics
Original tax lots being merged or reapportioned (if applicable):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment																		
<table border="1"> <thead> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Fire Alarm</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Fire Suppression</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Sprinkler</td> <td>☐</td> <td>☐</td> </tr> <tr> <td>Standpipe</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>		Existing	Proposed		Yes	No	Fire Alarm	☐	☐	Fire Suppression	☐	☐	Sprinkler	☐	☐	Standpipe	☐	☐
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Yes	No									
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21 Demolition
Yes No ☐ ☐ Demolishing a secondary structure? <i>If yes, specify structure being demolished:</i> _____ ☐ ☐ Will demolition use mechanical means? <i>If yes, mechanical means will demolish:</i> ☐ entire structure or ☐ part of structure

22 Signs															
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22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect <table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td>☐</td> <td>☐</td> </tr> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i> 22B ☐ ☐ Is roof sign tight, closed or solid? 22C Sign wording. <i>If extensive, provide only key wording.</i> 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____	Yes	No	☐	☐											
Yes	No														
☐	☐														

☐ ☐ Is sign inside building line? *If no, sign projects by:* _____ ft. in.
☐ ☐ Designed for changeable copy? *If no, 22C*
☐ ☐ Does an OAC have an interest in this sign or location? *If yes, 22G*
☐ ☐ Within 900' and within view of an arterial highway? *If yes, 22D*
☐ ☐ Within 200' and within view of a park 1/2 acre or more? *If yes, 22E*
 → *If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 22F*

23 Comments <i>Additional comments may be placed on an AI-1 form.</i>
--

PAA for the addition of minor plumbing and general construction to the added cellar and basement levels. Minor modifications to the previously proposed plumbing and OT for floors 001 thru 003, with the approved rear deck to be widened. Rooftop stair and bulkhead to be added from 3rd fl to roof level. No change to use, egress, or occupancy.

24 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC 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.

- I prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,

☐ 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.

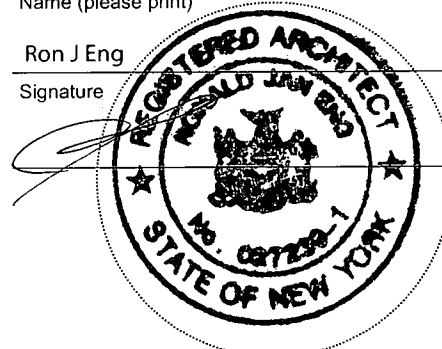
Name (please print)

Ron J Eng

Signature

Date

5-14-08



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

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC 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.

- 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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

- ☐ ☒ **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 § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

- ☐ ☒ **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 rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

- ☐ ☒ The owner has notified the Division of Housing and Community Renewal (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].

→ If yes, 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 type: ☐ Condo/Co-Op } 25A ☐ Partnership ☐ HHC ☐ NYCHA
☐ Corporation ☐ DCAS ☐ HPD ☐ NYS
☒ Individual ☐ DOE ☐ Other Government

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): Alexander Hurley

Relationship to Owner: _____

Business Name/Agency: _____

Street Address: 119 Java Street

City: Brooklyn State: NY Zip: 11222

Telephone Number: 917-517-6393 Fax: _____

E-Mail Address: _____

Signature and Date ►

25A Condo/Co-Op or Corporation Second Officer

Name (please print): _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

25B 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: _____ Date: _____

Pre-Filer Signature: _____

Cost Estimate (if different from applicant): \$ _____

Amount due: \$ _____