



# PW-1: Plan / Work Application

Must be typewritten.



DEPT. OF BLDGS. 310118155

Job Number

SC080127004

Scan Code

## 1 Location Information Required for all applications.

House No(s) 663 Street Name RUGBY ROAD

Borough BROOKLYN Block 05237 Lot 00060 BIN 3121220 C.B. No. 314

Work on Floor(s) 002, ATT Apt. / Condo No(s)

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

Last Name SCHWARTZ First Name STEPHEN Middle Initial A

Business Name SDC CONSULTING INC Business Telephone (516) 208-6318

Business Address 181 N. LONGBEACH AVENUE Business Fax (516) 208-6318

City FREEPORT State NY Zip 11520 Mobile Telephone (516) 425-4729

E-Mail SCHWARTZAIA@HOTMAIL.COM License Number 026566

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other, please specify:

## 3 Filing Representative Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.

Last Name PRENTICE First Name CATHY Middle Initial

Business Name SDC CONSULTING INC. Business Telephone (516) 208-6318

Business Address 181 N. LONGBEACH AVENUE Business Fax (516) 208-6318

City FREEPORT State NY Zip 11520 Mobile Telephone (516) 425-4729

E-Mail SCHWARTZAIA@HOTMAIL.COM Registration Number

## 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 PC-1, POC-1

☐ Self Certify Objections Only POC-1

☐ Changes Prior to Approval 23-24

☐ Add Work Types 6-7, 8A\*, 11

☐ Amend Existing Filing 4A

☐ PAA 4A, 23-24

PAA effect fees? ☐ Yes ☐ No

☐ New Applicant 4A, 24-25

☐ Reinstatement 23-25

☐ Withdrawal 24-25

☐ Entire Job

☐ Specified in 4A

## 4A Doc. # / Work Type

| Doc | WT | Doc | WT |
|-----|----|-----|----|
|     |    |     |    |
|     |    |     |    |
|     |    |     |    |
|     |    |     |    |

## 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, PW-1A, PD-1

☐ 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, PW-1A

☒ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20 5A

☐ 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 ▼

☐ Sign 5A, 6B-D, 9A, 22

☐ Subdivision 5B, 9A

☐ Condominium ☐ Improved 17

Directive 14 acceptance requested? ☐ Yes ☒ No

5B ☐ 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 PW-1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW-1C

☐ FS - Fuel Storage PW-1C

☐ FP - Fire Suppression

☐ MH - Mechanical

☐ PL - Plumbing PW-1B

☐ SD - Standpipe PW-1B

☐ SP - Sprinkler PW-1B

6B ☐ EQ - Construction Equipment 15

6C ☐ OT/GC - General Construction

6D ☒ OT - Other provide description below:

PARTITIONS

6E ☐ CC - Curb Cut 16

6F ☐ 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

☐ OT - Other

☐ BP - BPP Checklist

☐ PL - Plumbing

☐ FO - Foundation

☐ ST - Structural

☐ ME - Mechanical

☒ ZO - Zoning

DOB Reference Number: T00000016877-000043

User Ref ID: 663RUGBY

**8 Additional Information**

|    |    |      |    |      |    |      |    |                                                                                                     |    |                                       |                |
|----|----|------|----|------|----|------|----|-----------------------------------------------------------------------------------------------------|----|---------------------------------------|----------------|
| 8A | WT | Cost | WT | Cost | WT | Cost | 8B | Enlargement proposed? <i>If yes, PD-1</i>                                                           | 8D | Street Frontage:                      | linear ft.     |
|    | OT | 8000 |    |      |    |      |    | <input checked="" type="checkbox"/> No enlargement proposed                                         | 8E | Height:                               | ft. Width: ft. |
|    |    |      |    |      |    |      |    | <input type="checkbox"/> Yes: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F | Name of cluster or development below: |                |
|    |    |      |    |      |    |      |    | Additional area: sq. ft.                                                                            |    |                                       |                |
|    |    |      |    |      |    |      | 8C | Estimated Job Cost \$                                                                               |    | Project lead job no.                  |                |

**9 Additional Considerations, Limitations or Restrictions**

|        |                                                                                                                       |                                                                                     |  |    |                    |
|--------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|----|--------------------|
| Yes No |                                                                                                                       | Yes No                                                                              |  | 9D | CRFN               |
| 9A     | <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>         | <input type="checkbox"/> <input checked="" type="checkbox"/> Landmark               |  | 9E | CRFN               |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____                                    | <input type="checkbox"/> <input checked="" type="checkbox"/> Legalization (1/1/89+) |  | 9F | HRT Lead No.       |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9D</i>     | <input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site |  | 9G | Local Law No. Year |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>      | <input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street        |  |    |                    |
| 9B     | <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, PD-1 (except DM jobs)</i> | <input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC      |  | 9H | BSA Calendar No(s) |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)           | <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning          |  |    |                    |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)                | <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board             |  | 9I | CPC Calendar No(s) |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling            | <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing        |  |    |                    |
|        |                                                                                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job        |  |    |                    |
| 9C     | <input checked="" type="checkbox"/> <input type="checkbox"/> Old Code Review Requested                                |                                                                                     |  |    |                    |
|        | <input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work           |                                                                                     |  |    |                    |

**10 ECCCNYS Compliance** *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.\*
- ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:\*
- ☒ An alteration but not a substantial alteration
  - ☐ Work in a historic building
  - ☐ Work in an exempt building (*specify category/reasons in 10A*)

**10A Specific Reason for ECCCNYS Exemption**

*\*I understand the Department may require supporting analyses and documentation.*

**11 Job Description**

FIRE DAMAGE REPAIR ATTIC-GENERAL REFURBISHMENT OF INTERIOR FINISHES ON ATTIC AND SECOND FLOORS, NO CHANGE IN USE/OCCUPANCY, EGRESS, ROOM COUNT/DWELLING UNITS

**11A Related DOB Job Numbers****12 Zoning Lot Characteristics** *A complete set of zoning information is required for all initial applications.*

|                       |                                                                                            |                                             |
|-----------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|
| District(s) <b>R2</b> | Map No. <b>22C</b>                                                                         | Zoning lot includes the following tax lots: |
| Overlay(s)            | Street legal width: <b>60</b> ft.                                                          |                                             |
| Special Dist.(s)      | Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private |                                             |

**13 Building Characteristics** *\*For occupancy classification, use main use or dominant occupancy per BC §27-239*

|                                  | Existing                                              | Proposed                       |                   | Existing      | Proposed |
|----------------------------------|-------------------------------------------------------|--------------------------------|-------------------|---------------|----------|
| Occupancy Classification*        | <b>RES</b>                                            |                                | Building Height   | <b>21</b> ft. | ft.      |
| Construction Classification      | <b>2-D</b>                                            |                                | Building Stories  | <b>2</b>      |          |
| Multiple Dwelling Classification |                                                       |                                | Dwelling Units    | <b>1</b>      |          |
| Building Type:                   | <input checked="" type="checkbox"/> 1, 2, or 3 Family | <input type="checkbox"/> Other | Zoning Floor Area | sq. ft.       | sq. ft.  |

**14 Fill**

Choose one:

- ☒ Not Applicable
- ☐ Off-Site
- ☐ On-Site
- ☐ Under 300 cu. yd.

DOB Reference Number: T00000016877-000043  
User Ref ID: 663RUGBY

**15 Construction Equipment** *Choose one.*

- ☐ 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**

|                  | Existing                 |                          | Proposed                 |                          |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                  | Yes                      | No                       | Yes                      | No                       |
| 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"/> |

**19 Open Spaces**

|                | Existing | Proposed |                | Existing | Proposed |
|----------------|----------|----------|----------------|----------|----------|
| Plaza Area     | sq. ft.  | sq. ft.  | Arcade Area    | sq. ft.  | sq. ft.  |
| Parking Area   | sq. ft.  | sq. ft.  | Parking Spaces |          |          |
| Loading Berths | sq. ft.  | sq. ft.  | Loading Berths |          |          |

**20 Site Characteristics**

Yes No  
☐ ☒ Tidal / Fresh Water Wetlands  
☐ ☒ Urban Renewal  
☐ ☒ Fire District  
☐ ☒ Flood Hazard Area

**21 Demolition**

Yes No

- ☐ ☐ Demolishing a secondary structure?                      *If yes, specify structure being demolished:* \_\_\_\_\_  
☐ ☐ Will demolition use mechanical means?                      *If yes, mechanical means will demolish:* ☐ entire structure or ☐ part of structure

**22 Signs**

- Purpose:                      Type:                      Estimated Cost: \$ \_\_\_\_\_  
☐ Advertising                      ☐ Illuminated 22A                      Total Square Feet: \_\_\_\_\_  
☐ Accessory                      ☐ Non-Illuminated                      Height above Curb: \_\_\_\_\_ ft. in.  
 • Location:                      Height above Roof: \_\_\_\_\_ ft. in.  
☐ Ground                      ☐ Roof 22B                      ☐ Wall
- 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

22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

☐ ☐ If sign projects beyond building line, is owner billed for annual permit? *If no, specify in 25B*

22B ☐ ☐ Is roof sign tight, closed or solid?

22C Sign wording. *If extensive, provide only key wording.*

22D Distance from Arterial Highway: \_\_\_\_\_ ft.

22E Distance from Park 1/2 acre or more: \_\_\_\_\_ ft.

22F OAC Sign Number: \_\_\_\_\_

22G OAC Registration Number: \_\_\_\_\_

**23 Comments** *Additional comments may be placed on an AI-1 form.*

**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.

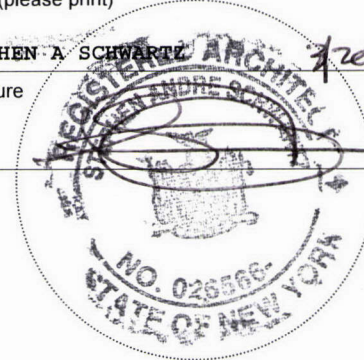
- ☐ I prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,
- ☐ except as set forth in the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

STEPHEN A. SCHWARTZ

Signature

Date



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): AZAD ALI

Relationship to Owner: OWNER

Business Name/Agency: 663 RUGBY REALTY CORP

Street Address: 663 RUGBY ROAD

City: BROOKLYN State: NY Zip: 11230

Telephone Number: (516) 322-5777 Fax:

E-Mail Address:

Signature and Date ► X

**25A Condo/Co-Op or Corporation Second Officer**

Name (please print): AZAD ALI

Title: SECRETARY

Street Address: 663 RUGBY ROAD

City: BROOKLYN State: NY Zip: 11230

Telephone Number: (516) 322-5777 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: \$

DOB Reference Number: T00000016877

User Ref ID: 663RUGBY

2/08