



PW-1: Plan / Work Application

Must be typewritten.



DEPT. OF BLDGS. 310142725

Job Number

SC080127013

Scan Code

1 Location Information Required for all applications.

House No(s) 811	Street Name 57 STREET			
Borough BROOKLYN	Block 05686	Lot 00075	BIN 3139902	C.B. No. 312
Work on Floor(s) CEL	Apt. / Condo No(s)			

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

Last Name TAM	First Name SHIMING	Middle Initial
Business Name SHIMING TAM ARCHITECT, P.C.	Business Telephone (212) 941-9784	
Business Address 249 WEST BROADWAY, SUITE 2E	Business Fax (212) 941-9315	
City NEW YORK	State NY	Zip 10013
E-Mail SHIMINGTAMPC@AOL.COM	Mobile Telephone	
	License Number 018525	
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 ZHU/RUAN	First Name NIAN/CAN	Middle Initial
Business Name SHIMING TAM ARCHITECT, P.C.	Business Telephone (212) 941-9784	
Business Address 249 WEST BROADWAY, SUITE 2E	Business Fax (212) 941-9315	
City NEW YORK	State NY	Zip 10013
E-Mail SHIMINGTAMPC@AOL.COM	Mobile Telephone	
	Registration Number X01055	

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 | ☐ Changes Prior to Approval 23-24 | ☐ New Applicant 4A, 24-25 |
| ☒ Prof. Certify Job/Plans PC-1, POC-1 | ☐ Add Work Types 6-7, 8A*, 11 | ☐ Reinstatement 23-25 |
| ☐ Self Certify Objections Only AI-1 | ☐ Amend Existing Filing 4A | ☐ Withdrawal 24-25 |
| | ☐ PAA 4A, 23-24 | ☐ Entire Job |
| | PAA effect fees? ☐ Yes ☐ No | ☐ 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 | ☒ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20 5A | Directive 14 acceptance requested? ☒ Yes ☐ No |
| ☐ Partial Demolition | ☐ Alteration Type 3 5A, 6B-F, 8C | 5B ☐ Check if filing includes lot merger / reapportionment 17 |
| ☐ Room Count / Dwelling Units | ☐ Demolition 6B, 8D, 9A-B, 13-14, 21 | 5C Total Construction Floor Area: sq. ft. |
| ☐ Occupancy / Use | ☐ New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1 | |
| ☐ Egress | ☐ Sign 5A, 6B-D, 9A, 22 | |
| ☐ Alteration Type 1, OT: "No Work" | ☐ Subdivision 5B, 9A | |
| ↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW-1A | ☐ Condominium ☐ Improved 17 | |

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 | ☐ MH - Mechanical | 6B ☐ EQ - Construction Equipment 15 | 6F ☐ OT/ANT - Antennae |
| ☐ FA - Fire Alarm | ☐ PL - Plumbing PW-1B | 6C ☐ OT/GC - General Construction | ☐ OT/BPP - Builders Pvmt. Plan 8D |
| ☐ FB - Fuel Burning PW-1C | ☐ SD - Standpipe PW-1B | 6D ☐ OT - Other provide description below: | ☐ OT/FPP - Fire Protection Plan |
| ☐ FS - Fuel Storage PW-1C | ☐ SP - Sprinkler PW-1B | | ☐ OT/MAR - Marquee 8E, 25B |
| ☐ FP - Fire Suppression | | 6E ☐ CC - Curb Cut 16 | |

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 |

DOB Reference Number: T00000043256-000045

User Ref ID: 811-BL

8 Additional Information							
8A WT	Cost	WT	Cost	WT	Cost	8B Enlargement proposed? <i>If yes, PD-1</i>	8D Street Frontage: linear ft.
BL	6000					☒ No enlargement proposed	8E Height: ft. Width: ft.
						☐ Yes: ☐ Horizontal ☐ 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	☐	☒ Filed to Comply with Local Law <i>If yes, 9G</i>		☐	☒ Landmark		9E CRFN
	☐	☐ Other, specify: _____		☐	☒ Legalization (1/1/89+)		9F HRT Lead No.
	☐	☒ Restrictive Declaration / Easement <i>If yes, 9D</i>		☐	☒ "Little E" Hazmat Site		9G Local Law No. Year
	☐	☒ Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>		☐	☒ Unmapped Street		
9B	☐	☒ Adult Establishment <i>If yes, PD-1 (except DM jobs)</i>		☐	☒ Included in LMCCC		9H BSA Calendar No(s)
	☐	☒ Compensated Development (Inclusionary Housing)		☐	☒ Infill Zoning		
	☐	☒ Low Income Housing (Inclusionary Housing)		☐	☒ Loft Board		
	☐	☒ Single Room Occupancy (SRO) Multiple Dwelling		☐	☒ Quality Housing		9I CPC Calendar No(s)
9C	☒	☐ Old Code Review Requested		☐	☒ Site Safety Job		
	☐	☒ Structural Stability affected by proposed work					

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>	10A Specific Reason for ECCCNYS Exemption
☐ 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 (<i>specify category/reasons in 10A</i>)	
*I understand the Department may require supporting analyses and documentation.	

11 Job Description	11A Related DOB Job Numbers
THIS APPLICATION IS FILED TO ADD BOILER WORK TYPE IN CONJUNCTION WITH DOB#302377112 ONLY. NO CHANGE IN USE, EGRESS OR OCCUPANCY.	302377112

12 Zoning Lot Characteristics <i>A complete set of zoning information is required for all initial applications.</i>			
District(s) R6	Map No. 22A	Zoning lot includes the following tax lots:	
Overlay(s) C1-3	Street legal width: 60 ft.		
Special Dist.(s)	Street Status: ☒ Public ☐ Private		

13 Building Characteristics <i>*For occupancy classification, use main use or dominant occupancy per BC §27-239</i>						14 Fill	
	Existing	Proposed		Existing	Proposed	Choose one:	
Occupancy Classification*	COM		Building Height	34 ft.		☒ Not Applicable	
Construction Classification	3		Building Stories	3		☐ Off-Site	
Multiple Dwelling Classification			Dwelling Units	4		☐ On-Site	
Building Type:	☐ 1, 2, or 3 Family	☒ Other	Zoning Floor Area		sq. ft.	☐ Under 300 cu. yd.	

15 Construction Equipment <i>Choose one.</i> ☐ Chute ☐ Fence ☐ Supported Scaffold ☐ Sidewalk Shed Size: _____ linear ft. ☐ Other: _____ Const. Material: _____ BSA/MEA No. _____	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" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th colspan="2">Existing</th><th colspan="2">Proposed</th></tr><tr><th></th><th>Yes</th><th>No</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>Fire Alarm</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Fire Suppression</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Sprinkler</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr><tr><td>Standpipe</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr></tbody></table>		Existing		Proposed			Yes	No	Yes	No	Fire Alarm	☐	☐	☐	☐	Fire Suppression	☐	☐	☐	☐	Sprinkler	☐	☐	☐	☐	Standpipe	☐	☐	☐	☐										
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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																																									
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23 Comments <i>Additional comments may be placed on an AI-1 form.</i> I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.																																									

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)

SHIMING TAM

Signature

Date

5/21/08

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

☐ Corporation

☒ Individual

25A

☐ Partnership

☐ DCAS

☐ DOE

☐ HHC

☐ HPD

☐ Other Government

☐ NYCHA

☐ NYS

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

Name (please print): SIC NAM ONG

Relationship to Owner: SELF

Business Name/Agency: N/A

Street Address: 811 57 STREET

City: BROOKLYN

State: NY

Zip: 11220

Telephone Number: (212) 965-1668

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: \$ _____

DOB Reference Number: T00000043256

User Ref ID: 811-BL