



LAA1: Limited Alteration Application
Plumbing/Oil Burning/ Fire Suppression
Please File 2 copies
Application must be typewritten and double sided

Initial Filings Sec. to Complete - All applic:

3, 14 (*=if applicable)

1 Filing Status

Indicate type: [X] Initial Filing [] Correction (relevant sections only) [] Withdrawal [] Emergency Notification - Provide Ref. #:
Review is Request under which Building Code? [] 2008 [X] 1968 Expiration Date (for internal use): 9-19-09

2 Location

Borough: BROOKLYN Block: 1652 Lot(s): 3 BIN: C.B. No.:
House No(s): 209 Street Name: MalcolmX Blvd.
Apt/Condo No(s): Floor(s) where work is to be done: Cellar

3 Applicant

Last Name: WANIELISTA First Name: ZBIGNIEW MI:
Business Name: Z.W.PLUMBING & HEAT.CORP. Business Phone: (718) 491-3023
Address: 6618 11 AVENUE City: BROOKLYN State: N.Y. ZIP: 11219
License Type (select only one) [X] Master Plumber [] Oil Burner Installer [] Fire Suppression Contractor License No.: 1418
Email Address: ZWPLUMBING@ZWPLUMBING.COM Business Fax: (718) 921-4468

4 Filing Representative Complete if different from applicant listed in section 3.

Last Name: First Name: MI: Registration No:
Business Name: Business Phone: ()
Address: City: State: ZIP:
Email Address Business Fax: ()

5 Building Characteristics Occupancy Class. (Multiple Dwellings-list all apartments where work will be performed in the Description of Work in Section 10)

- [] 1, 2 Family Houses [] Residential Apartment House [] Single Room Occupancy [] Commercial [X] Other (Specify): Mixed Use
[] Made to Remove [] Legalize pre 1/1/89 work [] Violation Legalize post 1/1/89 Work-Provide Violation No:

6 Plumbing (LMP) Data Select only 6a or 6b (each job type requires a separate LAA1 filing) For SP/SD work, seal and sign section 13, 14

- [] 6a Sprinkler Related Data (off domestic water for LIGHT HAZARD OCCUPANCY ONLY)
[] Replace SP heads (per §28-401.3) limited to 30 and must be the same type, orifice, etc.) [] Per §28-101.5 add SP heads (limited to 5) off domestic water system
[] Domestic- water connection - SP only [] Per §28-101.5 rearrange SP heads (limited to 20) off domestic water supply system
[] Replace/repair/rearrange SP piping (off domestic water supply) SP operation not affected [] Relocate auxiliary hose sources and cabinets for SD (no SP attached, limited to 10 feet)
[] Replace/repair standpipe only (where no sprinkler is attached or will be connected)

- [] 6b Gas Related Data (No. of meters/risers and their locations mandatory for gas and gas related work)
[] New gas replacement boiler (complete section 8) [X] Oil to Gas Conversion [X] Owner has been advised that pipe must be filled in accordance with FC § 3404.2.13 [X] Gas/Gas Piping
No. of Meters tested on this filing: 1 Location(s) (floor/apt no. - list all that apply to this filing): Basement
No. of Risers tested on this filing: 1 Location(s) (floor/apt no. - list all that apply to this filing): Basement
Gas Usage: [X] Heat [] Boiler Pilot for oil burner [X] Water Heater [] Dryer [] Cooking [] Tankless Coil [] HVAC [] Other (describe):

[] Other Plumbing (List in description of work) [] Primary back flow prevention devices (test letter required from DEP)
Estimated Cost \$ 7,000.00 (include equipment and labor (\$25K PL/SP limit per building in any 12 month period) Description of Work (Use Section 10), use for 6a, 6b

7 Oil Burner (LOB) Equipment Data Complete Section 8

Estimated Cost \$ (include equipment and labor \$25K limit per building in any 12 month period)
Description of Work (Use Section 10) [] Replacement storage tanks only (330 Gallon Max) BTU's of existing boiler (Input and Output):

8 Boiler Data For Oil or Gas low Pressure Boiler Only

- [X] Low Pressure Gas (LMP) [] Low Pressure Oil

Table with 6 columns: Item-Manufacturer/Trade Name, MEA# or Listing Agency ID#, Model Number, # of Boilers, Input (BTUs/hr), Output (BTUs/hr). Row 1: Burnham, 96-96-E, Q 207, 1, 198,000, 163,000

[X] I certify that the existing chimney complies with all applicable rules and regulations.

[] The device complies with ECCCNY Table 803.2.2(5) if applicable

9 Sprinkler Data for LIGHT HAZARD OCCUPANCY ONLY (LFSC Only)

- Per §28-101.5 add SP heads (limited to 5) not off domestic water
 - Replace SP heads of same size and type
 - Rearrangement of sprinkler heads (limited to 20)
 - SP heads off combined SP/SD
 - Relocate auxiliary hose sources/cabinets combined SP/SD system (limited to 10ft.)
 - Replace/repair SD (combined SP/SD system)
 - Replace/repair/rearrange SP piping (SP operation unaffected)
 - SP off domestic water supply (domestic water connection must be filed by a Plumber)
- Job # of Plumbing filed by LMP for domestic water connection: _____
- Estimated Cost: \$ _____ (include equipment and labor (\$25K limit per building in any 12 month period) Description of Work (Use Section 10)

10 Description of Work Required for all applications

REPLACE EXISTING OIL BOILER WITH NEW GAS BOILER BURNHAM, MODEL# Q207, INPUT 198,000, OUTPUT 163,000, MEA# 96-96-E,
 INSTALL 1 HOT WATER HEATER A.O.SMITH PCG-75, 75 GAL.INPUT 75,000 BTU, MEA# 51-01-E
 INSTALL NEW METER BAR AND APROXIMATELY 40LF OF 1 1/4" GAS LINE
 EXHAUST FROM BOILER AND WATER HEATER WILL BE CONNECTED TO EXISTING CHIMNEY

11 Fee Exemption Request Statement (Check only if Fee Exempt)

- The building or property, for which the work described in this application will be performed, is used exclusively for the purposes articulated in §28-112.1 of the New York City Building Code.

12 Owner Required for all applications

Government Individual Corporation Partnership Condo/Co-op Non-profit

Last Name: CURATO First Name: LAZZARO MI: _____
 Title: _____ Business Name/Agency: _____
 Address: 30 MAHAWK LANE City: MANA LAPAN State: N.J. ZIP: 07726
 E-mail Address: _____ Phone: (646) 996-6077 Fax Number: () _____

If Corporation Provide information for second officer or if Condo / Co-op provide Board Director Title for Person Listed below:
 Last Name: _____ First Name: _____ MI: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 E-mail Address: _____ Phone: () _____ Fax Number: () _____

13 Applicant's Affidavit (for SP/SD work only)
 Licensed: Master Plumber, Fire Suppression Contractor

- I certify that the operation of the sprinkler system will not be altered or changed and no heads will be installed in the hydraulically remote area of any fire section.
- I certify that the work herein, authorized under §28-105.4.4 will be completed in compliance with the relevant sections of the Administrative Code as well as the rules and regulations of the New York City Department of Buildings.
- I certify that, in accordance with §28-401.4 of the New York City Administrative Code, I will perform the proposed work described in this application, and/or the work will be performed under my direct and continuing supervision by persons in my direct employ.

Name (please print) _____
 Signature _____ Date _____
 Licensed Seal _____

14 Applicant's Statement & Signatures
 Licensed: Master Plumber, Oil / Burner Installer, Fire Suppression Contractor

- I hereby state that the information above is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1.2, and 28-203.1.1 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.
- In accordance with §28-104.8.3 of the NYC Administrative Code, I hereby declare that I am authorized by the owner of the above referenced premises to make this application for a permit to perform the work described herein.
 - I hereby state that I have complied with all the relevant sections of the NYC Administrative Code as well as the rules and regulations of the New York City Department of Buildings, whether specified or not.
 - I hereby state that I am in compliance with §24-220 of the NYC Noise Code if applicable, which requires a complete and accurate Construction Mitigation Plan at the work site.

Complete if applicable: I am authorized by the owner of the above referenced premises to supersede the previous contractor of record for the above address replacing application number _____

Name (please print) ZBIGNIEW WANIELISTA Date: 09-08-2008
 Signature _____ Date _____
 Licensed Seal _____

Internal use only

Amount Paid: 175.00 Verifying Signature _____ Date: 9-19-08
 I hereby certify that the work indicated above has been completed in a manner required by the Rules and Regulations of the New York City Department of Buildings, except where reported adversely.
 Plumbing Inspector's Full Name (please print): _____ Boiler Inspector's Full Name (please print): _____
 Plumbing Inspector's Signature: _____ Date: _____ Boiler Inspector's Signature: _____ Date: _____
 Department of Buildings Boiler No(s): _____