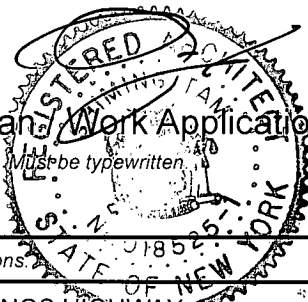




PW1: Plan/Work Application

**1 Location Information** Required for all applications.

House No(s) 264

Street Name KINGS HIGHWAY

Borough BROOKLYN

Block 6649

Lot 82

BIN 3176804

C.B. No. 311

Work on Floor(s) CELLAR, 1ST FLOOR, ROOF.

Apt. / Condo No(s)

**2 Applicant Information** Required for all applications. Fax, mobile telephone and e-mail address are optional information.

Last Name SHIMING

First Name TAM

Middle Initial

Business Name SHIMING TAM ARCHITECT, P.C.

Business Telephone (718)765-1122

Business Address 762 59TH STREET, 7TH FLOOR.

Business Fax (718)765-0813

City BROOKLYN

State NY

Zip 11220

Mobile Telephone

E-Mail SHIMINGTAMPC@AOL.COM

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 phone, and e-mail are optional info.

Last Name ZHU/RUAN

First Name

Middle Initial

Business Name SHIMING TAM ARCHITECT, P.C.

Business Telephone (718)765-1122

Business Address 762 59TH STREET, 7TH FLOOR.

Business Fax (718)765-0813

City BROOKLYN

State NY

Zip 11220

Mobile Telephone

E-Mail SHIMINGTAMPC@AOL.COM

Registration Number X01055

**4 Filing Status** Required for all applications. Choose one and provide specified associated information.☐ **Initial Filing** 5, 7, 11, 12A, 20, 25-26

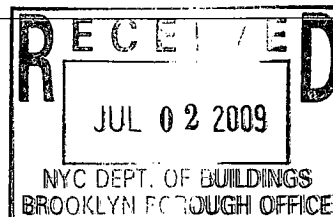
Review is requested under which Building Code?

☐ 2008 ☐ 1968 ☐ Prior to 1968Choose ☐ Standard Plan Examination or Reviewone: ☐ Professional Certification PC1, POC1☐ Self Certification of Objections AI1☐ **Prior to Approval Actions** 25-26☐ Amend Existing Filing 4A☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11☒ **Post Approval Amendment (PAA)** 4A, 25-26Will PAA affect filing fees? ☐ Yes ☒ No☐ **New Applicant** 4A, 25-26☐ **Reinstatement** 24-26☐ **Withdrawal** 25-26☐ Specified in 4A and 6☐ Entire Job

4A Indicate existing document number affected by filing: DOC #01

**5 Job/Project Types** Choose one and provide specified associated information.☐ **Alteration Type 1** 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-19, 22, PW1-A, PD1, select all that apply:☐ Change in Exits☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT: "No Work"** 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1-A, PD1☐ **Alteration Type 2** 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 22☐ **Alteration Type 3** 5A, 6B-F, 8C, 9-10, 13C-E, 22☐ **New Building** 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-19, PW1-A, PD1☐ **Full Demolition** 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22☐ **Sign** 5A, 6B-D, 9B, 22-23☐ **Subdivision** 9B, 12A-B☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☐ Yes ☐ No**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☐ FS - Fuel Storage PW1-C☒ PL - Plumbing PW1-B6E ☐ CC - Curb Cut 16☐ FA - Fire Alarm☐ FP - Fire Suppression☐ SD - Standpipe PW-1B6F ☐ OT/ANT - Antenna☐ FB - Fuel Burning PW1-C☐ MH - Mechanical☐ SP - Sprinkler PW-1B☐ OT/BPP - Builders Pavement Plan 8D6B ☐ EQ - Construction Equipment 156C ☐ OT/GC - General Construction6D ☒ OT - Other, describe:☐ OT/FPP - Fire Protection Plan☐ OT/MAR - Marquee 8E, 26B

**7 Plans/Construction Documents Submitted** *Plans are required for most applications.*

☐ AR - Architectural   ☐ BP - BPP Checklist   ☐ DM - Demolition (Full/Partial)   ☐ EN - Energy Analysis   ☐ FO - Foundation or ☐ NP - No Plans  
☐ ME - Mechanical   ☐ OT - Other   ☐ PL - Plumbing   ☐ ST - Structural   ☐ ZO - Zoning

**8 Additional Information**

|                                   |    |      |    |      |    |         |                                                                       |                                          |
|-----------------------------------|----|------|----|------|----|---------|-----------------------------------------------------------------------|------------------------------------------|
| 8A                                | WT | Cost | WT | Cost | WT | Cost    | 8B Is a building enlargement proposed?                                | 8C Estimated Job Cost \$                 |
|                                   |    |      |    |      |    |         | <input type="checkbox"/> No enlargement is proposed                   | 8D Street Frontage: _____ linear ft.     |
|                                   |    |      |    |      |    |         | <input type="checkbox"/> Yes 12, PD-1                                 | 8E Height: _____ ft. Width: _____ ft.    |
|                                   |    |      |    |      |    |         | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F Name of cluster or development below: |
|                                   |    |      |    |      |    |         | Additional Construction Floor Area:                                   | Project lead job no.                     |
| 8G Total Construction Floor Area: |    |      |    |      |    | sq. ft. | sq. ft.                                                               |                                          |

**9 Additional Considerations, Limitations or Restrictions**

|                                                                                                                                                                   |                                                                                                    |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Yes No                                                                                                                                                            | Yes No                                                                                             | 9F Structural Peer Reviewer License No.<br>P.E. |
| 9A <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>                                               |                                                                                                    |                                                 |
| 9B <input type="checkbox"/> <input type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>                                                             | <input type="checkbox"/> <input type="checkbox"/> Landmark                                         | 9G Local Law No(s) Year                         |
| <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____                                                                                           | <input type="checkbox"/> <input type="checkbox"/> "Little E" Hazmat Site                           |                                                 |
| <input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9L</i>                                                            | <input type="checkbox"/> <input type="checkbox"/> Unmapped Street                                  | 9H Violation No(s)                              |
| <input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i>                                                             | <input type="checkbox"/> <input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i> |                                                 |
| <input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued |                                                                                                    |                                                 |
| 9C <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>                                                  | <input type="checkbox"/> <input type="checkbox"/> Included in LMCCC                                | 9I BSA Calendar No(s)                           |
| <input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing)                                                                  | <input type="checkbox"/> <input type="checkbox"/> Infill Zoning                                    |                                                 |
| <input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing)                                                                       | <input type="checkbox"/> <input type="checkbox"/> Loft Board                                       | 9J CPC Calendar No(s)                           |
| <input type="checkbox"/> <input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling                                                                   | <input type="checkbox"/> <input type="checkbox"/> Quality Housing                                  |                                                 |
| <input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>                                                  | <input type="checkbox"/> <input type="checkbox"/> Site Safety Job/Project                          |                                                 |
| 9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems                       |                                                                                                    |                                                 |
| 9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>                               |                                                                                                    | 9K High-Rise Team Tracking Number:              |
| <input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work                                                                  |                                                                                                    |                                                 |
| 9L CRFN(s) Restrictive Declaration / Easement (max. 4):                                                                                                           |                                                                                                    |                                                 |
| 9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                                                            |                                                                                                    |                                                 |

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

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNY.\*  
☐ Energy analysis is on another job number: \_\_\_\_\_  
☐ The work proposed in this application is exempt from the ECCCNY because per Chapter 1 of the ECCCNY 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 ECCCNY Exemption**

*\*I understand the Department may require supporting analyses and documentation.  
 \*\*§101.5.2.1 of the ECCCNY only exempts thermal envelope provisions.*

**11 Job Description****11A Related DOB Job Numbers**

11B Primary application job no.

|     |                  |
|-----|------------------|
| 12A | District(s)      |
|     | Overlay(s)       |
|     | Special Dist.(s) |
|     | Map Number       |

*If the zoning lot includes multiple tax lots, list all tax lots here ►*

| 12C Proposed: Use*     | Zoning Floor Area | District | FAR |
|------------------------|-------------------|----------|-----|
|                        | sq. ft.           |          |     |
|                        | sq. ft.           |          |     |
|                        | sq. ft.           |          |     |
|                        | sq. ft.           |          |     |
|                        | sq. ft.           |          |     |
|                        | sq. ft.           |          |     |
| <b>Proposed Totals</b> | sq. ft.           |          |     |
| <b>Existing Total</b>  | sq. ft.           |          |     |

Perimeter Wall Height \_\_\_\_\_ ft.

Side Yard 2 \_\_\_\_\_ ft.

\*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13A Primary structural system, choose **one**: ☐ Masonry ☐ Concrete (CIP) ☐ Concrete (Precast)  
☐ Wood ☐ Steel (Structural) ☐ Steel (Cold-Formed) ☐ Steel (Encased in Concrete)

|                               |                         |                         |
|-------------------------------|-------------------------|-------------------------|
| 13B                           | Existing                | Proposed                |
| Structural Occupancy Category |                         |                         |
| Seismic Design Category       | 2008 Code Designations? | 2008 Code Designations? |

13D Building Type: ☐ 1, 2, or 3 Family ☐ Other  
Mixed use building? ☐ Yes ☐ No

|     |                                  |                                                          |                                                          |
|-----|----------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| 13C | Occupancy Classification*        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes**                           |
|     | Construction Classification      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|     | Multiple Dwelling Classification |                                                          |                                                          |

|                  |     |     |
|------------------|-----|-----|
| Building Height  | ft. | ft. |
| Building Stories |     |     |
| Dwelling Units   |     |     |

The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968

☐ Not Applicable    ☐ On-Site    ☐ Off-Site    ☐ Under 300 cubic yards

☐ Chute                      ☐ Sidewalk Shed                      Construction Material: \_\_\_\_\_  
☐ Fence                      Size: \_\_\_\_\_ linear ft.                      BSA/MEA Approval No. \_\_\_\_\_  
☐ Supported Scaffold                      ☐ Other: \_\_\_\_\_

Size of cut (with splays): \_\_\_\_\_ ft.  
Distance to nearest corner: \_\_\_\_\_ ft.  
on street:

Original tax lots being merged or reapportioned (if applicable):

[illegible]

Tentative tax lot numbers (new tax lots only):

[illegible]

|                  | 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"/> |

|                | 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 |          |          |

| Yes                      | No                       |                              |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tidal / Fresh Water Wetlands |
| <input type="checkbox"/> | <input type="checkbox"/> | Urban Renewal                |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire District                |
| <input type="checkbox"/> | <input type="checkbox"/> | Flood Hazard Area            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Demolition Details</b> *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4). |  |  |
| Yes No<br>21A <input type="checkbox"/> <input type="checkbox"/> Demo. filing is for a secondary structure? If yes, specify structure being demolished:<br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? If yes, mechanical means will demolish: <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure<br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? If yes, describe equipment proposed: |                                                                                                                                          |  |  |
| 21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|--|
| <b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Asbestos Abatement Compliance</b> Choose one. |  |  |
| <input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).<br><input type="checkbox"/> The scope of work does <b>not</b> require related asbestos abatement as defined in the regulations of the NYC DEP.<br><input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(a)). |                                                  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                    |                                                                                                                                                   |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|--------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------|--------|------------------------------------------|------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|------------------------------------|--------------------------------------------------------------------------------------------|--------|--|--|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------|--------------------------------------------------------------------------------------------|--|--|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|----------------------|-------------------------------------------------------------------------------------------------------------------|--|--|------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Sign</b>                              |                                    |                                                                                                                                                   |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <table style="width: 100%;"> <tr> <td style="width: 20%;">Purpose:</td> <td style="width: 20%;">Type:</td> <td style="width: 20%;">Estimated Cost: \$</td> <td style="width: 40%;">23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect</td> </tr> <tr> <td><input type="checkbox"/> Advertising</td> <td><input type="checkbox"/> Illuminated 23A</td> <td>Total Square Feet:</td> <td>Yes No</td> </tr> <tr> <td><input type="checkbox"/> Non-Advertising</td> <td><input type="checkbox"/> Non-Illuminated</td> <td>Height above Curb:      ft.    in.</td> <td><input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B</td> </tr> <tr> <td>Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall</td> <td></td> <td>Height above Roof:      ft.    in.</td> <td>23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?</td> </tr> <tr> <td>Yes No</td> <td></td> <td></td> <td>23C Sign wording. If extensive, provide only key wording.</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by:      ft.    in.</td> <td></td> <td></td> <td>23D Distance from Arterial Highway:      ft.</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C</td> <td></td> <td></td> <td>23E Distance from Park 1/2 acre or more:      ft.</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G</td> <td></td> <td></td> <td>23F OAC Sign Number:</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D</td> <td></td> <td></td> <td>23G OAC Registration Number:</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E</td> <td></td> <td></td> <td></td> </tr> </table> <p>→ If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F</p> |                                          |                                    |                                                                                                                                                   | Purpose: | Type: | Estimated Cost: \$ | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect | <input type="checkbox"/> Advertising | <input type="checkbox"/> Illuminated 23A | Total Square Feet: | Yes No | <input type="checkbox"/> Non-Advertising | <input type="checkbox"/> Non-Illuminated | Height above Curb:      ft.    in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B | Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall |  | Height above Roof:      ft.    in. | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? | Yes No |  |  | 23C Sign wording. If extensive, provide only key wording. | <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by:      ft.    in. |  |  | 23D Distance from Arterial Highway:      ft. | <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C |  |  | 23E Distance from Park 1/2 acre or more:      ft. | <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G |  |  | 23F OAC Sign Number: | <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D |  |  | 23G OAC Registration Number: | <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E |  |  |  |
| Purpose:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type:                                    | Estimated Cost: \$                 | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect                         |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Illuminated 23A | Total Square Feet:                 | Yes No                                                                                                                                            |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> Non-Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Non-Illuminated | Height above Curb:      ft.    in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | Height above Roof:      ft.    in. | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?                                                        |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                                    | 23C Sign wording. If extensive, provide only key wording.                                                                                         |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by:      ft.    in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                    | 23D Distance from Arterial Highway:      ft.                                                                                                      |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |                                    | 23E Distance from Park 1/2 acre or more:      ft.                                                                                                 |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                    | 23F OAC Sign Number:                                                                                                                              |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                    | 23G OAC Registration Number:                                                                                                                      |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                    |                                                                                                                                                   |          |       |                    |                                                                                                                           |                                      |                                          |                    |        |                                          |                                          |                                    |                                                                                                                                                   |                                                                                                           |  |                                    |                                                                                            |        |  |  |                                                           |                                                                                                                          |  |  |                                              |                                                                                            |  |  |                                                   |                                                                                                                      |  |  |                      |                                                                                                                   |  |  |                              |                                                                                                                       |  |  |  |

|           |                                                                                                                                         |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>24</b> | <b>Comments</b> Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements. |  |  |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|

REVISED DRAWINGS , SCHEDULE "B" AS PER PLAN.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Applicant's Statements and Signatures</b> Required for all applications.                                                                |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |
| <p>Falsification of any statement is a misdemeanor 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 understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. <input type="checkbox"/> (←check here if) 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.</p> <p><b>Cluster Development Statement</b> (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.</p> |                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |
| <table style="width: 100%;"> <tr> <td style="width: 50%;">           Yes No<br/> <input type="checkbox"/> <input type="checkbox"/> For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?<br/><br/> <input type="checkbox"/> <input type="checkbox"/> Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.         </td> <td style="width: 50%; vertical-align: top;">           Name (please print)<br/> <b>SHIMING TAM.</b><br/><br/>           Signature _____ Date _____<br/><br/>           P.E. / R.A. Seal (apply seal, sign and date over seal)         </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                            |  |  | Yes No<br><input type="checkbox"/> <input type="checkbox"/> For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?<br><br><input type="checkbox"/> <input type="checkbox"/> Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. | Name (please print)<br><b>SHIMING TAM.</b><br><br>Signature _____ Date _____<br><br>P.E. / R.A. Seal (apply seal, sign and date over seal) |
| Yes No<br><input type="checkbox"/> <input type="checkbox"/> For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?<br><br><input type="checkbox"/> <input type="checkbox"/> Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name (please print)<br><b>SHIMING TAM.</b><br><br>Signature _____ Date _____<br><br>P.E. / R.A. Seal (apply seal, sign and date over seal) |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |

**26 Property Owner's Statements and Signatures**

Falsification of any statement is a misdemeanor 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 understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

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 part or all of 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 §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☐**Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☐

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. **If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

**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's Certification for Directive 14 Applications (if applicable)**

I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☒ Individual ☐ DCAS ☐ HHC ☐ NYCHA  
☐ Partnership ☐ DOE ☐ HPD ☐ NYS  
☐ Corporation 26A ☐ Other Government  
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

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

Name (please print): CHRIS ANTONAKAS

Relationship to Owner:

Business Name/Agency: N/A

Street Address: 2261 60TH STREET

City: BROOKLYN State: NY Zip: 11204

Telephone Number: 347-742-1769 Fax:

E-Mail Address:

Signature and Date ►

**26A Condo/Co-Op Board or Corporation Second Officer**

Name (please print):

Title:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Signature and Date\* ►

\*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

**26B 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:

Pre-Filer Signature: Date:

Cost Estimate: \$

Amount Due: \$ Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes: