



## PW1: Plan / Work Application

Must be typewritten.



|                                                              |                    |                              |                                        |
|--------------------------------------------------------------|--------------------|------------------------------|----------------------------------------|
| <b>1 Location Information</b> Required for all applications. |                    |                              |                                        |
| House No(s) <b>474</b>                                       |                    | Street Name <b>74 STREET</b> |                                        |
| Borough <b>BROOKLYN</b>                                      | Block <b>05930</b> | Lot <b>00031</b>             | BIN <b>3344166</b> C.B. No. <b>310</b> |
| Work on Floor(s) <b>OSP</b>                                  |                    | Apt. / Condo No(s)           |                                        |

  

|                                                                                                                                                                         |                 |                                          |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------|----------------------------------------|
| <b>2 Applicant Information</b> Required for all applications. Fax, mobile telephone and e-mail address are optional information.                                        |                 |                                          |                                        |
| Last Name <b>WESOLOWSKI</b>                                                                                                                                             |                 | First Name <b>CHRISTOPHER</b>            |                                        |
| Middle Initial                                                                                                                                                          |                 | Business Telephone <b>(516) 850-4572</b> |                                        |
| Business Name <b>C W CONSULTING SERVICES LLC.</b>                                                                                                                       |                 | Business Fax <b>(516) 293-0691</b>       |                                        |
| Business Address <b>70-10 67 STREET</b>                                                                                                                                 |                 | Business Fax <b>(516) 293-0691</b>       |                                        |
| City <b>GLENDALE</b>                                                                                                                                                    | State <b>NY</b> | Zip <b>11385</b>                         | Mobile Telephone <b>(516) 350-4572</b> |
| E-Mail <b>CHRISWESOO@AOL.COM</b>                                                                                                                                        |                 | License Number <b>029017</b>             |                                        |
| Choose one: <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other, please specify: |                 |                                          |                                        |

  

|                                                                                                                                                   |                 |                                          |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------|----------------------------------------|
| <b>3 Filing Representative</b> Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info. |                 |                                          |                                        |
| Last Name <b>ITWAR/MONT/BOOD/LAND</b>                                                                                                             |                 | First Name <b>BEN/JON/MIC/VYA</b>        |                                        |
| Middle Initial                                                                                                                                    |                 | Business Telephone <b>(718) 366-1820</b> |                                        |
| Business Name <b>A1 EXPEDITING SERVICE CORP</b>                                                                                                   |                 | Business Fax <b>(718) 366-1822</b>       |                                        |
| Business Address <b>959 FULTON STREET</b>                                                                                                         |                 | Business Fax <b>(718) 366-1822</b>       |                                        |
| City <b>FARMINGDALE</b>                                                                                                                           | State <b>NY</b> | Zip <b>11735</b>                         | Mobile Telephone <b>(917) 440-8221</b> |
| E-Mail <b>A1EXPEDITERS@AOL.COM</b>                                                                                                                |                 | Registration Number <b>I46591</b>        |                                        |

  

|                                                                                                                                                                                                                 |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>4 Filing Status</b> Required for all applications. Choose one and provide specified associated information.                                                                                                  |  |  |  |
| <input checked="" type="checkbox"/> <b>Initial Filing</b> 5, 7, 11, 12A, 25-26                                                                                                                                  |  |  |  |
| Review is requested under which Building Code?                                                                                                                                                                  |  |  |  |
| <input checked="" type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968                                                                                                   |  |  |  |
| Choose <input type="checkbox"/> Standard Plan Examination or Review one: <input checked="" type="checkbox"/> Professional Certification PC1, POC1 <input type="checkbox"/> Self Certification of Objections AI1 |  |  |  |
| <input type="checkbox"/> <b>Prior to Approval Actions</b> 25-26                                                                                                                                                 |  |  |  |
| <input type="checkbox"/> Amend Existing Filing 4A                                                                                                                                                               |  |  |  |
| <input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11                                                                                                                                             |  |  |  |
| <input type="checkbox"/> <b>Post Approval Amendment (PAA)</b> 4A, 6, 24-25                                                                                                                                      |  |  |  |
| Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                           |  |  |  |
| <input type="checkbox"/> <b>New Applicant</b> 4A, 25-26                                                                                                                                                         |  |  |  |
| <input type="checkbox"/> <b>Reinstatement</b> 24-26                                                                                                                                                             |  |  |  |
| <input type="checkbox"/> <b>Withdrawal</b> 25-26                                                                                                                                                                |  |  |  |
| <input type="checkbox"/> Specified in 4A and 6                                                                                                                                                                  |  |  |  |
| <input type="checkbox"/> Entire Job                                                                                                                                                                             |  |  |  |
| 4A Indicate existing document number affected by filing:                                                                                                                                                        |  |  |  |

  

|                                                                                                                                  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>5 Job/Project Types</b> Choose one and provide specified associated information.                                              |  |  |  |
| <input type="checkbox"/> <b>Alteration Type 1</b> 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply: |  |  |  |
| <input type="checkbox"/> Change in Exits                                                                                         |  |  |  |
| <input type="checkbox"/> Change in Number of Stories                                                                             |  |  |  |
| <input type="checkbox"/> Change in Number of Dwelling Units                                                                      |  |  |  |
| <input type="checkbox"/> Change in Occupancy / Use                                                                               |  |  |  |
| <input type="checkbox"/> Change inconsistent with current Cert. of Occup.                                                        |  |  |  |
| <input type="checkbox"/> <b>Alteration Type 1, OT: "No Work"</b> 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1A, PD1                      |  |  |  |
| <input type="checkbox"/> <b>Alteration Type 2</b> 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22                                      |  |  |  |
| <input checked="" type="checkbox"/> <b>Alteration Type 3</b> 5A, 6B-F, 8C, 9-10, 13C-E, 22                                       |  |  |  |
| <input type="checkbox"/> <b>New Building</b> 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1         |  |  |  |
| <input type="checkbox"/> <b>Full Demolition</b> 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22                                               |  |  |  |
| <input type="checkbox"/> <b>Sign</b> 5A, 6B-D, 9B, 22-23                                                                         |  |  |  |
| <input type="checkbox"/> <b>Subdivision</b> 9B, 12A-B                                                                            |  |  |  |
| <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17                                                        |  |  |  |
| 5A Directive 14 acceptance requested?                                                                                            |  |  |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                              |  |  |  |

  

|                                                                                                                                                                                                                                   |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>6 Work Types</b> 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 <input type="checkbox"/> BL - Boiler PW1C <input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> CC - Curb Cut 16                                                |  |  |  |
| <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> OT/ANT - Antenna                                                    |  |  |  |
| <input type="checkbox"/> FB - Fuel Burning PW1C <input type="checkbox"/> MH - Mechanical <input type="checkbox"/> SP - Sprinkler PW1B <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D                                 |  |  |  |
| 6B <input checked="" type="checkbox"/> EQ - Construction Equipment 15 <input type="checkbox"/> OT/GC - General Construction <input type="checkbox"/> OT - Other, describe: <input type="checkbox"/> OT/FPP - Fire Protection Plan |  |  |  |
| <input type="checkbox"/> OT/MAR - Marquee 8E, 26B                                                                                                                                                                                 |  |  |  |

DOB Reference Number: T00000307812-000012  
User Ref ID: SF474 74S

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Plans/Construction Documents Submitted</b> <i>Plans are required for most applications.</i> |
| <input type="checkbox"/> AR - Architectural <input type="checkbox"/> BP - BPP Checklist <input type="checkbox"/> DM - Demolition (Full/Partial) <input type="checkbox"/> EN - Energy Analysis <input type="checkbox"/> FO - Foundation or <input type="checkbox"/> NP - No Plans<br><input type="checkbox"/> ME - Mechanical <input type="checkbox"/> OT - Other <input type="checkbox"/> PL - Plumbing <input checked="" type="checkbox"/> ST - Structural <input type="checkbox"/> ZO - Zoning |                                                                                                |

|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
|----------------------------------------|----|------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8 Additional Information</b>        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
| 8A                                     | WT | Cost | WT | Cost                                                                                                                                                                                                        | WT | Cost                                                                                                                                                        |
|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
|                                        |    |      |    |                                                                                                                                                                                                             |    |                                                                                                                                                             |
| 8G Total Construction Floor Area:      |    |      |    | sq. ft.                                                                                                                                                                                                     |    |                                                                                                                                                             |
| 8B Is a building enlargement proposed? |    |      |    | <input type="checkbox"/> No enlargement is proposed<br><input type="checkbox"/> Yes 12, PD1<br><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>Additional Construction Floor Area: |    | 8C Estimated Job Cost \$<br>8D Street Frontage: linear ft.<br>8E Height: ft. Width: ft.<br>8F Name of cluster or development below:<br>Project lead job no. |

|                                                                 |                                     |    |    |                                      |                                 |
|-----------------------------------------------------------------|-------------------------------------|----|----|--------------------------------------|---------------------------------|
| <b>9 Additional Considerations, Limitations or Restrictions</b> |                                     |    |    |                                      |                                 |
| 9A                                                              | Yes                                 | No | 9F | Structural Peer Reviewer License No. | P.E.                            |
|                                                                 | <input checked="" type="checkbox"/> |    |    |                                      |                                 |
| 9B                                                              | <input checked="" type="checkbox"/> |    |    | 9G                                   | Local Law No(s)                 |
|                                                                 |                                     |    |    |                                      | Year                            |
|                                                                 |                                     |    |    |                                      |                                 |
|                                                                 |                                     |    |    | 9H                                   | Violation No(s)                 |
|                                                                 |                                     |    |    |                                      |                                 |
|                                                                 |                                     |    |    | 9I                                   | BSA Calendar No(s)              |
|                                                                 |                                     |    |    |                                      |                                 |
|                                                                 |                                     |    |    | 9J                                   | CPC Calendar No(s)              |
|                                                                 |                                     |    |    |                                      |                                 |
|                                                                 |                                     |    |    | 9K                                   | High-Rise Team Tracking Number: |
|                                                                 |                                     |    |    |                                      |                                 |
| 9L CRFN(s) Restrictive Declaration / Easement (max. 4):         |                                     |    |    |                                      |                                 |
| 9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):          |                                     |    |    |                                      |                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>10 ECCCNYS Compliance</b> <i>Energy Conservation Construction Code of NYS</i><br><input type="checkbox"/> To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*<br><input type="checkbox"/> Energy analysis is on another job number: _____<br><input checked="" type="checkbox"/> The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:*<br><input checked="" type="checkbox"/> An alteration but not a substantial alteration<br><input type="checkbox"/> Work in a historic building<br><input type="checkbox"/> Work in an exempt building (specify category/reasons in 10A)** | <b>10A Specific Reason for ECCCNYS Exemption</b><br><br><br><br><br><br> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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

|                                                                                                                                                                                               |                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>11 Job Description</b><br>INSTALLATION OF SCAFFOLD AS PER DRAWINGS. SCAFFOLD SHALL COMPLY WITH CHAPTER #33 OF THE 2008 CODE. NO CHANGE IN USE, OCCUPANCY OR EGRESS UNDER THIS APPLICATION. | <b>11A Related DOB Job Numbers</b><br><br><br><br><br><br> |
| 11B Primary application job no.                                                                                                                                                               |                                                            |

**12 Zoning Characteristics**

|                                                                                                                  |                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12A District(s) <b>R6B, R5B</b><br>Overlay(s) <b>C1-3</b><br>Special Dist.(s) <b>BR</b><br>Map Number <b>22A</b> | 12B Street legal width: _____ ft.<br>Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private<br><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i> |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 12C Proposed: Use*     | Zoning Floor Area | District | FAR | Proposed Lot Details:                                                                                        | Proposed Yard Details:                              |
|------------------------|-------------------|----------|-----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                        | sq. ft.           |          |     | Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through | Check here if no yards: <input type="checkbox"/> or |
|                        | sq. ft.           |          |     | Lot Coverage _____ %                                                                                         | Front Yard _____ ft.                                |
|                        | sq. ft.           |          |     | Lot Area _____ sq. ft.                                                                                       | Rear Yard _____ ft.                                 |
|                        | sq. ft.           |          |     | Lot Width _____ ft.                                                                                          | Rear Yard Equivalent _____ ft.                      |
|                        | sq. ft.           |          |     | Proposed Other Details:                                                                                      | Side Yard 1 _____ ft.                               |
|                        | sq. ft.           |          |     |                                                                                                              | Side Yard 2 _____ ft.                               |
| <b>Proposed Totals</b> | sq. ft.           |          |     | Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |                                                     |
| <b>Existing Total</b>  | sq. ft.           |          |     | <i>If yes, no. of parking spaces:</i> _____                                                                  |                                                     |
|                        |                   |          |     | Perimeter Wall Height _____ ft.                                                                              |                                                     |

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

**13 Building Characteristics** \*Main use/dominant occupancy per AC §28-101.5. \*\*Use 2008 Code equivalents only.

|                                                    |  |                                                      |  |
|----------------------------------------------------|--|------------------------------------------------------|--|
| 13A Primary structural system, choose <b>one</b> : |  |                                                      |  |
| <input type="checkbox"/> Masonry                   |  | <input type="checkbox"/> Concrete (CIP)              |  |
| <input type="checkbox"/> Wood                      |  | <input type="checkbox"/> Steel (Structural)          |  |
|                                                    |  | <input type="checkbox"/> Concrete (Precast)          |  |
|                                                    |  | <input type="checkbox"/> Steel (Cold-Formed)         |  |
|                                                    |  | <input type="checkbox"/> Steel (Encased in Concrete) |  |

| 13B                              | Existing   | Proposed                                                            | 13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other |
|----------------------------------|------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Structural Occupancy Category    |            |                                                                     | Mixed use building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |
| Seismic Design Category          |            |                                                                     |                                                                                                         |
| 13C Occupancy Classification*    | <b>RES</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                         |
| Construction Classification      | <b>3</b>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                         |
| Multiple Dwelling Classification |            |                                                                     |                                                                                                         |

| 13E              | Existing  | Proposed | 13F                                                                                                                                                                                    |
|------------------|-----------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building Height  | <b>40</b> |          | Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968                    |
| Building Stories | <b>4</b>  |          | The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 |
| Dwelling Units   | <b>20</b> |          |                                                                                                                                                                                        |

**14 Fill** Choose one.

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

**15 Construction Equipment**

☐ Chute    ☐ Sidewalk Shed    Construction Material: **STEEL**  
☐ Fence    Size: \_\_\_\_\_ linear ft.    BSA/MEA Approval No. **362-44-SM**  
☒ Supported Scaffold    ☐ Other: \_\_\_\_\_

**16 Curb Cut Description**

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

**17 Tax Lot Characteristics**

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Tentative tax lot numbers (new tax lots only):

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**18 Fire Protection Equipment**

|                  | Existing                 | Proposed                 |
|------------------|--------------------------|--------------------------|
|                  | Yes                      | No                       |
| Fire Alarm       | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Suppression | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler        | <input type="checkbox"/> | <input type="checkbox"/> |
| Standpipe        | <input type="checkbox"/> | <input type="checkbox"/> |

**19 Open Spaces**

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

**20 Site Characteristics**

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

**21 Demolition Details** \*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

- 21A ☐ ☐ Demo. filing is for a secondary structure? If yes, specify structure being demolished:  
☐ ☐ Mechanical means\* from out of building? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure  
☐ ☐ Mechanical means\* from within building? If yes, describe equipment proposed:  
 21B ☐ ☐ Demolition work affects the exterior building envelope

**22 Asbestos Abatement Compliance** Choose one.

- ☐ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).  
☒ The scope of work does **not** require related asbestos abatement as defined in the regulations of the NYC DEP.  
☐ The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)).

**23 Sign**

|                                                                                                                                     |                                          |                            |                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                    |                                          |                            |                                                                                                                                                   |
| <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C                                          |                                          |                            |                                                                                                                                                   |
| <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G                |                                          |                            |                                                                                                                                                   |
| <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D                   |                                          |                            | 23D Distance from Arterial Highway: ft.                                                                                                           |
| <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E               |                                          |                            | 23E Distance from Park 1/2 acre or more: ft.                                                                                                      |
| 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 |                                          |                            | 23F OAC Sign Number:                                                                                                                              |
|                                                                                                                                     |                                          |                            | 23G OAC Registration Number:                                                                                                                      |

**24 Comments** Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.**25 Applicant's Statements and Signatures** Required for all applications.

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 have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correctness 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. ☐ (←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.

**Cluster Development Statement** (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

Yes No

- ☐ ☐ For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?  
☒ ☐ 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)

CHRISTOPHER WESOŁOWSKI

Signature

Date

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

DOB Reference Number: T00000307812-000012  
 User Ref ID: SF474 74S

**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): **GREGORY MATTHEWS**

Relationship to Owner: **AGENT**

Business Name/Agency: **MICHALAKIS MARIO**

Street Address: **474 74 STREET**

City: **BROOKLYN** State: **NY** Zip: **11209**

Telephone Number: **(800) 327-1997** 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: