



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 6413 Street Name 2 AVE
Borough BROOKLYN Block 5816 Lot 1 BIN 3144126 CB No. 307
Work on Floor(s) 1 to 2

2 Work Type Information Required for all applications. Select all that apply. Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL Cost: \$ 11000 Total sprinkler heads in 8B: 0 To remove violation(s): 1) 2)	☐ Sprinkler - SP Cost: \$ Total sprinkler heads in 8A: To remove violation(s): 1) 2)	☐ Standpipe - SD Cost: \$ To remove violation(s): 1) 2)
---	---	---

3 Drainage Information

Storm Drainage Discharges into: select one. Sanitary Drainage Discharges into: select one.
☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal ☐ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☐ SD-1, SD-2, SD-3 ☐ Site Connection ☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☐ Cap or Remove Describe all: ☐ Replace or Relocate Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☐ Yes ☒ No Describe gas fired equipment:

Total Location(s), floor/apt. - list all that apply:
Meters total: _____
Risers total: _____
Gas Usage: ☐ Heat ☐ Dryer ☐ Water Heater ☐ Tankless Coil
☐ HVAC ☐ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner
☐ Other: _____

7 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.

Name (please print) SCOTT SCHNALL	
Signature 	Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

DOB Reference Number: T00000325630-000101
User Ref ID: 6413 2 AV

8 Equipment Information *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping											
		2											
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry												
	P* Sprinkler Piping - Wet												
	E* Dry Pipe Valve												
	E* Booster Pump - SP												
	F Floor/Riser Control Valve												
	F Siamese FDC												
	F Sprinkler Heads												
	F Sprinkler Heads over 999												
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)												
8C Fire Standpipe (SD)	P* Standpipe Piping												
	E* Fire Pump												
	E* Special Service Fire Pump												
	F Floor/Riser Control Valve												
	F Hose Cabinet/Rack/Valve												
	F Siamese FDC												
8D Water/San. (PL)	P* Sanitary Piping (Soil & Venting)												
	P* Water Piping												
	P Water Service Piping												
	E Sewer Ejection Pump												
	F Bathtubs/Whirlpools/Hot Tub/Sauna												
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain												
	F Grease Trap/Oil Separator												
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)	5											
	F Laundry - Standpipe												
	F Pool												
	F RPZ/Backflow Preventer (Primary)												
	F RPZ/Backflow Preventer (Secondary)												
	F Sink - Non Residential												
	F Sink - Residential	1											
	F Stall Shower												
	F Tankless Coil												
	F Toilet (Water Closet)	5											
	F Urinal												
	F Washing Machine												
	F Water Heater (Non-Gas)												
8E Storm (PL)	P* Storm Drainage Piping												
	E Sump Pump												
	F Area/Yard Drain												
	F Detention Tank												
	F Dry Well/Retention												
	F Roof Drain												
8F Gas (PL)	P* Gas Piping												
	E Emergency Shut-off Valve												
	E* Fire Suppression Shut-off Valve												
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)												
	F Cooking Equipment (residential)												
	F Gas Boiler (<350K, non-comm, <6 family)												
	F Gas Burner												
	F Gas Dryer												
	F Gas Furnace												
	F Gas Meter												
	F Gas Water Heater												
8G Medical (PL)	P* Medical Gas Piping												
	E Assorted Medical Equipment												

** Must be off domestic.

* Indicates test *may* be required.

DOB Reference Number: T00000325630-000101

User Ref ID: 6413 2 AV

7/08