



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page 1 of 2

1 Location Information *Required for all applications.*

House No(s) 183 Street Name Moffat Street

Borough Brooklyn Block 3441 Lot 57 BIN 3080042 CB No. 304

Work on Floor(s) 001 to 002, CEL, PENT.

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

☒ Plumbing - PL	☐ Sprinkler - SP	☐ Standpipe - SD
Cost: \$ <u>25000</u>	Cost: \$ _____	Cost: \$ _____
Total sprinkler heads in 8B: _____	Total sprinkler heads in 8A: _____	
To remove violation(s): 1) _____	To remove violation(s): 1) _____	To remove violation(s): 1) _____
2) _____	2) _____	2) _____

3 Drainage Information

Storm Drainage Discharges into: *select one.*

☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal

Sanitary Drainage Discharges into: *select one.*

☐ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work *Select all that apply.*

☐ HCP-1/HCP-2 ☐ Site Connection ☐ Septic Tank

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

☐ Cap or Remove <i>Describe all:</i>	☐ Replace or Relocate <i>Describe all:</i>
	PL-RELOCATE & REPLACE: (1) RESIDENTIAL SINK, (1) RESIDENTIAL STOVE @ 1ST FLR; (1) TUB, (1) TOILET, (1) LAV @ 2ND FLR.

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

(2) NEW HWH A.O. SMITH GCG 50; (1) RES. COOKING RANGE; (2) RES. DRYERS; (2) A/C FURNACE YORK TG9S 4 TONS

Total Meters total: 2 Location(s), floor/apt. - list all that apply: (1) EX. AT CELLAR, (1) NEW AT CELLAR

Risers total: 2 CEL, 001-002

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) GERALD J. CALIENDO	
Signature 	Date <u>7/6/16</u>
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

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											
		CEL	PEN	OSP	PROF	1	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)	1	1			1	1						
	P* Water Piping	1	1			1	1						
	P Water Service Piping												
	E Sewer Ejection Pump												
	E Submeters												
	F Bathtubs/Whirlpools/Hot Tub/Sauna		1			1							
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain					1	1						
	F Grease Trap/Oil Separator/GRD												
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)	1	1			1							
	F Laundry - Standpipe	1				1	1						
	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)	1	1			1							
	F Urinal												
	F Washing Machine	1				0	1						
	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			1									
8F Gas (PL)	F Roof Drain		2		2								
	P* Gas Piping	1				1	1						
	E Emergency Shut-off Valve												
	E* Fire Suppression Shut-off Valve												
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)												
	F Cooking Equipment (residential)						1						
	F Gas Boiler (<350K, non-comm,<6 family)					0	0						
	F Gas Burner												
	F Gas Dryer	1				0	1						
	F Gas Furnace	0				1	1						
	F Gas Meter	1											
	F Gas Water Heater	2											
8G Medical (PL)	P* Medical Gas Piping												
	E Assorted Medical Equipment												

** Must be off domestic.

* Indicates test *may* be required.