



# PW1: Plan / Work Application

Must be typewritten.



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

|                     |                                |           |             |              |
|---------------------|--------------------------------|-----------|-------------|--------------|
| House No(s) 8001    | Street Name NEW UTRECHT AVENUE |           |             |              |
| Borough BROOKLYN    | Block 06284                    | Lot 00019 | BIN 3163285 | C.B. No. 311 |
| Work on Floor(s) RF | Apt. / Condo No(s)             |           |             |              |

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

|                                                                                                                                                                                         |                                   |                |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|------------------|
| Last Name BOHLINGER                                                                                                                                                                     | First Name MICHAEL                | Middle Initial |                  |
| Business Name KM CONSULTING ENGINEERS, INC.                                                                                                                                             | Business Telephone (609) 538-0400 |                |                  |
| Business Address 9 FOREST LANE                                                                                                                                                          | Business Fax                      |                |                  |
| City EWING                                                                                                                                                                              | State NJ                          | Zip 08628      | Mobile Telephone |
| E-Mail M.BOHLINGER@KMENGR.COM                                                                                                                                                           | License Number 075700             |                |                  |
| Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> R.L.A. <input type="checkbox"/> Other: |                                   |                |                  |

## 3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

|                                            |                                   |                |                  |
|--------------------------------------------|-----------------------------------|----------------|------------------|
| Last Name CORBIN                           | First Name ANTHONY                | Middle Initial |                  |
| Business Name CONSTRUCTION PERMIT SERVICES | Business Telephone (212) 246-5111 |                |                  |
| Business Address 263 WEST 38TH STREET, 15W | Business Fax (212) 246-5477       |                |                  |
| City NEW YORK                              | State NY                          | Zip 10018      | Mobile Telephone |
| E-Mail LINDA@CPERMIT.COM                   | Registration Number 001414        |                |                  |

## 4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

|                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26<br>Choose only one:<br><input checked="" type="checkbox"/> Standard Plan Examination or Review<br><input type="checkbox"/> Professional Certification PC1, POC1<br><input type="checkbox"/> Professional Certification of Objections A11 | <input type="checkbox"/> Prior to Approval Actions 25-26<br><input type="checkbox"/> Amend Existing Filing 4A<br><input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11<br><input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25<br>Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> New (Superseding) Applicant 4A, 25-26 | <input type="checkbox"/> Reinstatement 24-26<br><input type="checkbox"/> Withdrawal 26<br><input type="checkbox"/> Specified in 4A and 6<br><input type="checkbox"/> Entire Job<br>4A Indicate existing document number affected by filing: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 5 Job/Project Types *Choose one and provide specified associated information.*

|                                                                                                                                                                                |                                                                                                  |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5) 6A-E, 8B-C, 9-10, 12, 13C-F, 14, 18-20, 22 & PW1A, PD1 | <input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, 13C-E, & 14, 20, 22             | <input type="checkbox"/> Full Demolition 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22                           |
| <input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1                                                                       | <input checked="" type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22          | <input type="checkbox"/> Subdivision 9A, 9D, 12A-B                                                           |
|                                                                                                                                                                                | <input type="checkbox"/> New Building 6A-E, 8F-G, 9A, 9C-K, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1 | <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17                                    |
|                                                                                                                                                                                | <input type="checkbox"/> Sign 5A, 6B-D, 9A, 9D, 22-23                                            | 5A Directive 14 acceptance requested?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> BL - Boiler PW1C<br><input type="checkbox"/> FA - Fire Alarm<br><input type="checkbox"/> FB - Fuel Burning PW1C | <input type="checkbox"/> FS - Fuel Storage PW1C<br><input type="checkbox"/> FP - Fire Suppression<br><input type="checkbox"/> MH - Mechanical | <input type="checkbox"/> PL - Plumbing PW1B<br><input type="checkbox"/> SD - Standpipe PW1B<br><input type="checkbox"/> SP - Sprinkler PW1B | 6E <input type="checkbox"/> CC - Curb Cut 16<br><input type="checkbox"/> OT/LAN - Landscape                                                                                                                                           |
| 6B <input type="checkbox"/> EQ - Construction Equipment 15                                                                                  | 6C <input type="checkbox"/> OT/GC - General Construction                                                                                      | 6D <input type="checkbox"/> OT - Other, describe:                                                                                           | 6F <input checked="" type="checkbox"/> OT/ANT - Antenna<br><input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D<br><input type="checkbox"/> OT/FPP - Fire Protection Plan<br><input type="checkbox"/> OT/MAR - Marquee 8E, 26B |

**7 Plans/Construction Documents Submitted** *Plans are required for most applications.*Are plans being submitted with this PW1? ☒ Yes ☐ No *If yes, do the plans include:* ☐ FO — Foundation ☐ EN — Energy Analysis**8 Additional Information**

|    |    |      |    |      |    |      |                                                                       |                                           |
|----|----|------|----|------|----|------|-----------------------------------------------------------------------|-------------------------------------------|
| 8A | WT | Cost | WT | Cost | WT | Cost | 8B Is a building enlargement proposed?                                | 8C Estimated Job Cost \$ 12000            |
|    |    |      |    |      |    |      | <input type="checkbox"/> No enlargement is proposed                   | 8D Street Frontage: linear ft.            |
|    |    |      |    |      |    |      | <input type="checkbox"/> Yes 12, PD1                                  | 8E Height: ft. Width: ft.                 |
|    |    |      |    |      |    |      | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F Total Construction Floor Area: sq. ft. |
|    |    |      |    |      |    |      | Additional Construction Floor Area: sq. ft.                           |                                           |

**9 Additional Considerations, Limitations or Restrictions**

9A Review is requested under which building code? ☒ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

|                                                                                                                                                            |                                     |                                                              |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------|-------------------------------------|
| Yes                                                                                                                                                        | No                                  | Yes                                                          | No                                  |
| <input type="checkbox"/>                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> |
| Alteration required to meet New Building requirements (28-101.4.5) <i>if yes, 13A-B</i>                                                                    |                                     | Change in number of dwelling units                           |                                     |
| <input type="checkbox"/>                                                                                                                                   |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Alteration is a major change to exits                                                                                                                      |                                     | Change in occupancy / use                                    |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Façade Alteration                                                                                                                                          |                                     | Change is inconsistent with current certificate of occupancy |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Adult Establishment <i>If yes, plot diagram (except DM)</i>                                                                                                |                                     | Change in number of stories                                  |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Compensated Development (Inclusionary Housing)                                                                                                             |                                     | Infill Zoning                                                |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Low Income Housing (Inclusionary Housing)                                                                                                                  |                                     | Loft Board                                                   |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Single Room Occupancy (SRO) Multiple Dwelling                                                                                                              |                                     | Quality Housing                                              |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Filing includes Lot Merger / Reapportionment <i>if yes, 17</i>                                                                                             |                                     | Site Safety Job/Project                                      |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Landmark                                                                                                                                                   |                                     | Included in LMCCC                                            |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | <input checked="" type="checkbox"/>                          |                                     |
| Little "E" or RD Site                                                                                                                                      |                                     | Filing to address violations (list #s—max. 5):               |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     |                                                              |                                     |
| Unmapped/CCO Street                                                                                                                                        |                                     |                                                              |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     |                                                              |                                     |
| Requesting legalization of work where no work without a permit violations have been issued                                                                 |                                     | Filing to comply with Local Laws (list #s—max. 2)            |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     |                                                              |                                     |
| Other (please specify on line provided below):                                                                                                             |                                     |                                                              |                                     |
|                                                                                                                                                            |                                     |                                                              |                                     |
| CRFN(s) Restrictive Declaration / Easement (max. 4):                                                                                                       |                                     | LL Number                                                    |                                     |
| <input checked="" type="checkbox"/>                                                                                                                        |                                     | Year                                                         |                                     |
| CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                                                        |                                     |                                                              |                                     |
|                                                                                                                                                            |                                     |                                                              |                                     |
| 9E <input checked="" type="checkbox"/> BSA Calendar Numbers (max. 5):                                                                                      |                                     |                                                              |                                     |
| 9F <input checked="" type="checkbox"/> CPC Calendar Numbers (max. 5):                                                                                      |                                     |                                                              |                                     |
| 9G <input checked="" type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]                    |                                     |                                                              |                                     |
| 9H <input checked="" type="checkbox"/> Work includes modular construction under New York State jurisdiction                                                |                                     |                                                              | 9I High Rise Team tracking #:       |
| <input checked="" type="checkbox"/> Work includes modular construction under New York City jurisdiction                                                    |                                     |                                                              |                                     |
| 9J <input checked="" type="checkbox"/> Structural peer review required per BC 16. <i>If yes, provide NYS P.E. license number:</i>                          |                                     |                                                              |                                     |
| 9K <input checked="" type="checkbox"/> Work includes permanent removal of standpipe, sprinkler or fire suppression related systems                         |                                     |                                                              |                                     |
| 9L <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building <i>if yes, 21B</i> |                                     |                                                              |                                     |
| <input checked="" type="checkbox"/> Structural stability affected by proposed work                                                                         |                                     |                                                              |                                     |

**10 NYCECC Compliance** *New York City Energy Conservation Code*☒ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC\*Code Compliance Path (choose one): ☒ NYCECC ☐ ASHRAEEnergy Analysis (choose one): ☒ Tabular Analysis ☐ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC\* in accordance with one of the following (choose one):☐ The work is an alteration of a State or National historic building.☐ The scope of the work is entirely in a "low-energy building" and is limited to the building envelope.☐ The entire scope of work involves a temporary structure and/or one or more of the following work types: FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

|                                                                                                                                                                                                        |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>11 Job Description</b><br>MODIFICATION OF EXISTING ANTENNA SITE. INSTALLING (12) ADDITIONAL ANTENNAS ON THE ROOF. ALL WORK IS IN CONFORMANCE WITH TPN #5/98. NO CHANGE IN USE, EGRESS OR OCCUPANCY. | <b>11A Related DOB Job Numbers</b><br><br><br><br> |
| 11B Primary application job no.                                                                                                                                                                        |                                                    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|--|---------|--|--|------------------------|---------|--|--|-----------------------|---------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>12 Zoning Characteristics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| 12A District(s) <b>R5</b><br>Overlay(s)<br>Special Dist.(s)<br>Map Number <b>22B</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<br><table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"></td><td style="width: 15%;">sq. ft.</td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td></td><td>sq. ft.</td><td></td><td></td></tr> <tr><td><b>Proposed Totals</b></td><td>sq. ft.</td><td style="background-color: #cccccc;"></td><td></td></tr> <tr><td><b>Existing Total</b></td><td>sq. ft.</td><td style="background-color: #cccccc;"></td><td></td></tr> </table> |                                                                                                                                                                                                       | sq. ft. |  |  |  | sq. ft. |  |  |  | sq. ft. |  |  |  | sq. ft. |  |  |  | sq. ft. |  |  |  | sq. ft. |  |  |  | sq. ft. |  |  | <b>Proposed Totals</b> | sq. ft. |  |  | <b>Existing Total</b> | sq. ft. |  |  | Proposed Lot Details:<br>Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through<br>Lot Coverage _____ %<br>Lot Area _____ sq. ft.<br>Lot Width _____ ft.<br>Proposed Other Details:<br>Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, no. of parking spaces:</i> _____<br>Perimeter Wall Height _____ ft. |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>Proposed Totals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>Existing Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sq. ft.                                                                                                                                                                                               |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| *Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                       |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |  |         |  |  |                        |         |  |  |                       |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |

| <b>13 Building Characteristics</b> *Main use/dominant occupancy per AC §28-101.5. **Use 2014 Code equivalents only. †Residential w/other use.                                                                                                                                                                                                                                                                                 |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|----------|----|-----|-----|------------------|----------|----------|---|--|--|----------------|----------|----------|----|--|--|
| 13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast)<br><input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)                                                                                |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 13B<br>Structural Occupancy/Risk Cat.<br>Seismic Design Cat.                                                                                                                                                                                                                                                                                                                                                                  | Existing<br><br><br> | Proposed<br><br><br> | 13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other<br>Mixed use building?† <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 13E<br><table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Building Height</th> <th style="width: 15%;">Existing</th> <th style="width: 15%;">Proposed</th> </tr> <tr> <td>40</td> <td>ft.</td> <td>ft.</td> </tr> <tr> <th style="width: 15%;">Building Stories</th> <th style="width: 15%;">Existing</th> <th style="width: 15%;">Proposed</th> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <th style="width: 15%;">Dwelling Units</th> <th style="width: 15%;">Existing</th> <th style="width: 15%;">Proposed</th> </tr> <tr> <td>31</td> <td></td> <td></td> </tr> </table> | Building Height | Existing | Proposed | 40 | ft. | ft. | Building Stories | Existing | Proposed | 4 |  |  | Dwelling Units | Existing | Proposed | 31 |  |  |
| Building Height                                                                                                                                                                                                                                                                                                                                                                                                               | Existing             | Proposed             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 40                                                                                                                                                                                                                                                                                                                                                                                                                            | ft.                  | ft.                  |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| Building Stories                                                                                                                                                                                                                                                                                                                                                                                                              | Existing             | Proposed             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| Dwelling Units                                                                                                                                                                                                                                                                                                                                                                                                                | Existing             | Proposed             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 13C<br>Occupancy Classification*    RES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Construction Classification    3 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Multiple Dwelling Classification    HAEA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                           |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |
| 13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968<br>The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 |                      |                      |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |          |          |    |     |     |                  |          |          |   |  |  |                |          |          |    |  |  |

|                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>14 Fill Choose one.</b><br><input type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>15 Construction Equipment</b><br><input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed    Construction Material: _____<br><input type="checkbox"/> Fence    Size: _____ linear ft.    BSA/MEA Approval No. _____<br><input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____ | <b>16 Curb Cut Description</b><br>Size of cut (with splays): _____ ft.<br>Distance to nearest corner: _____ ft.<br>to street: _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

| <b>17 Tax Lot Characteristics</b><br>Original tax lots being merged or reapportioned (if applicable):<br><table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr> </table> Tentative tax lot numbers (new tax lots only):<br><table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr> </table> |                          |                          |                          |                          |  |  |  |  |  |  |  |  | <b>18 Fire Protection Equipment</b><br><table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="2">Existing</th> <th colspan="2">Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | 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                 |                          |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 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"/> |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |

**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 Wetlands  
☐ ☒ Coastal Erosion Hazard Area  
☒ ☐ Fire District

Yes No

- ☐ ☒ Freshwater Wetlands  
☐ ☒ Urban Renewal  
☐ ☒ Flood Hazard Area *If yes, 20A*

Yes No

- ☐ ☐ Substantial improvement?  
☐ ☐ Substantially damaged?  
☐ ☐ Floodshields part of proposed work?

**20A Flood Hazard Area Information****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  
☐ ☐ The scope of work involves raising/moving of a building

**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 the work is not an asbestos project as defined in the regulations of the NYC DEP. *DEP Control # is required.*  
DEP ACP-5 Control No. \_\_\_\_\_  
☒ 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)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1.

**23 Sign**

Purpose:

Type:

Estimated Cost: \$

☐ Advertising☐ Illuminated 23A

Total Square Feet:

☐ Non-Advertising☐ Non-Illuminated

Height above Curb: ft. in.

Location: ☐ Ground ☐ Roof 23B ☐ Wall

Height above Roof: ft. in.

Yes No

- ☐ ☐ Is sign inside building line? *If no, sign projects by:* ft. in.  
☐ ☐ Designed for changeable copy? *If no, 23C*  
☐ ☐ Does an OAC have an interest in this sign or location? *If yes, 23G*  
☐ ☐ Within 900' and within view of an arterial highway? *If yes, 23D*  
☐ ☐ Within 200' and within view of a park 1/2 acre or more? *If yes, 23E*

.....► *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*

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

☐ ☐ If sign projects beyond building line, is owner billed for annual permit? *If no, specify in 26B*

23B ☐ ☐ Is roof sign tight, closed or solid?23C Sign wording. *If extensive, provide only key wording.*

23D Distance from Arterial Highway: ft.

23E Distance from Park 1/2 acre or more: ft.

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 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. ☐ (←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 certifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

For initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? ☐ Yes ☐ No

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. ☒ Yes ☐ No

Name (print): **CHARLES BOET ENGR** **3/4/15**  
 Sign and Date: *[Signature]*  
 P.E. / R.A. Seal (apply seal, then 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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

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 all applicable laws, rules, and regulations.

Yes No

☐ ☐ **Fee Exemption Request (Non-Profit Owned and Operated)**  
 In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purposes. ★

☐ ☐ **Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated)** The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★

☐ ☒ **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 New York State Homes and Community Renewal (NYSHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.

☐ The owner has notified the New York State Homes and Community Renewal (NYSHCR) 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 NYSHCR notified:* \_\_\_\_\_

☒ ☐ **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 and the work is not inconsistent with the current certificate of 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 satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

**Notes for Section 26A: Section required if unit owner signed Section 26. Signature required for authorized representative of Condo or Co-Op board.**

★ For fee waivers, please see the PW1 User Guide

Owner ☐ Individual ☐ Partnership ☐ NYCHA / HHC  
 Type: ☒ Corporation ☐ Other Government ☐ NYC Agency  
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the deed holder a non-profit organization? ☐ Yes ☒ No

Name (please print): **ROBERT D CIAGLIA**

Relationship to Owner: **SIGNATORY**

Business Name/Agency: **T-MOBILE**

Street Address: **4 SYLVAN WAY**

City: **PARSIPPANY** State: **NJ** Zip: **07054**

Telephone Number: **(201) 757-3053** Fax: \_\_\_\_\_

E-Mail Address: **ROBERT.CIAGLIA@T-MOBILE.COM**

Signature and Date *[Signature]* **2.27.15**

**26A Condo/Co-Op Board** See note in bottom left corner of page.

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature and Date *[Signature]*

**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: \_\_\_\_\_