



# PW1: Plan / Work Application

Must be typewritten.

## Buildings

### PAA 2 FOR CHANGES IN CELLAR

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

House No(s) 586 Street Name Monroe Street

Borough Brooklyn Block 1640 Lot 35 BIN 3044876 C.B. No. 303

Work on Floor(s) CELLAR Apt. / Condo No(s)

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

Last Name Amelchakova First Name Anastasia Middle Initial

Business Name StudioPPark LLC Business Telephone 6464817081

Business Address 1 Bridge Street, P-3B Business Fax

City Irvington State NY Zip 10533 Mobile Telephone

E-Mail anastasia@studiopark.com License Number 035272

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ R.L.A. ☐ 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 NOEL/JEAN/GHANSIAM First Name L/J/G Middle Initial

Business Name NOEL BUILDING CONSULTING INC Business Telephone 212-267-7679

Business Address 125 MAIDEN LANE Business Fax 212-509-0607

City NEW YORK State NY Zip 10038 Mobile Telephone 347-623-7325

E-Mail LNOEL@NOEL-BLDG.COM Registration Number 2884

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

☐ Initial Filing 5, 7, 11, 12A, 25-26

Choose only one:

☐ Standard Plan Examination or Review

☐ Professional Certification PC1, POC1

☐ Professional Certification of Objections A11

☐ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☒ Post Approval Amendment (PAA) 4A, 6, 24-25

Will PAA affect filing fees? ☐ Yes ☒ No

☐ New (Superseding) Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

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

☐ Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5)

6A-E, 8B-C, 9-10, 13C-F, 14, 18-20, 22, PW1A & PD1

☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1

☐ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, 13C-E, & 14, 20, 22

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22

☐ New Building 6A-E, 8F-G, 9A, 9C-K, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1

☐ Sign 5A, 6B-D, 9A, 9D, 22-23

☐ Full Demolition 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22

☐ Subdivision 9A, 9D, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested? ☐ Yes ☐ No

#### 6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.

6A ☐ BL - Boiler PW1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW1C

6B ☐ EQ - Construction Equipment 15

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☐ MH - Mechanical

6C ☒ OT/GC - General Construction

☒ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☐ SP - Sprinkler PW1B

6D ☐ OT - Other, describe:

6E ☐ CC - Curb Cut 16

☐ OT/LAN - Landscape

6F ☐ OT/ANT - Antenna

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ 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 \$                 |
|                                           |         |         | <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 Name of cluster or development below: |
|                                           |         |         | Additional Construction Floor Area:                                   |                                          |
| 8G Total Construction Floor Area: sq. ft. |         |         | sq. ft.                                                               | Project lead job no.                     |

**9 Additional Considerations, Limitations or Restrictions**

|                                                                                                                                                                                    |                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 9A Review is requested under which building code? <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 |                                                                                                                |
| Yes No                                                                                                                                                                             | Yes No                                                                                                         |
| 9B <input type="checkbox"/> <input type="checkbox"/> Alteration required to meet New Building requirements (28-101.4.5) <i>If yes, 13A-B</i>                                       | <input type="checkbox"/> <input type="checkbox"/> Change in number of dwelling units                           |
| <input type="checkbox"/> <input type="checkbox"/> Alteration is a major change to exits                                                                                            | <input type="checkbox"/> <input type="checkbox"/> Change in occupancy / use                                    |
| 9C <input type="checkbox"/> <input type="checkbox"/> Façade Alteration                                                                                                             | <input type="checkbox"/> <input type="checkbox"/> Change is inconsistent with current certificate of occupancy |
| <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>                                                                      | <input type="checkbox"/> <input type="checkbox"/> Change in number of stories                                  |
| <input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing)                                                                                   | <input type="checkbox"/> <input type="checkbox"/> Infill Zoning                                                |
| <input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing)                                                                                        | <input type="checkbox"/> <input type="checkbox"/> Loft Board                                                   |
| <input type="checkbox"/> <input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling                                                                                    | <input type="checkbox"/> <input type="checkbox"/> Quality Housing                                              |
| <input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>                                                                   | <input type="checkbox"/> <input type="checkbox"/> Site Safety Job/Project                                      |
| 9D <input type="checkbox"/> <input type="checkbox"/> Landmark                                                                                                                      | <input type="checkbox"/> <input type="checkbox"/> Included in LMCCC                                            |
| <input type="checkbox"/> <input type="checkbox"/> Little "E" or RD Site                                                                                                            | <input type="checkbox"/> <input type="checkbox"/> Filing to address violations (list #s—max. 5):               |
| <input type="checkbox"/> <input type="checkbox"/> Unmapped/CCO Street                                                                                                              |                                                                                                                |
| <input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work where no work without a permit violations have been issued                                       |                                                                                                                |
| <input type="checkbox"/> <input type="checkbox"/> Other (please specify on line provided below):                                                                                   | LL Number Year                                                                                                 |
| <input type="checkbox"/> <input type="checkbox"/> CRFN(s) Restrictive Declaration / Easement (max. 4):                                                                             |                                                                                                                |
| <input type="checkbox"/> <input type="checkbox"/> CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                              |                                                                                                                |
| 9E <input type="checkbox"/> <input type="checkbox"/> BSA Calendar Numbers (max. 5):                                                                                                |                                                                                                                |
| 9F <input type="checkbox"/> <input type="checkbox"/> CPC Calendar Numbers (max. 5):                                                                                                |                                                                                                                |
| 9G <input type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. (ECC §404 and §505)                              |                                                                                                                |
| 9H <input type="checkbox"/> <input type="checkbox"/> Work includes modular construction under New York State jurisdiction                                                          | 9I High Rise Team tracking #:                                                                                  |
| <input type="checkbox"/> <input type="checkbox"/> Work includes modular construction under New York City jurisdiction                                                              |                                                                                                                |
| 9J <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC 16. <i>If yes, provide NYS P.E. license number:</i>                                    |                                                                                                                |
| 9K <input type="checkbox"/> <input type="checkbox"/> Work includes permanent removal of standpipe, sprinkler or fire suppression related systems                                   |                                                                                                                |
| 9L <input type="checkbox"/> <input 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 type="checkbox"/> <input 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 ☐ ASHRAE
- Energy 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.

11B Primary application job no.

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

13F Building was originally erected pursuant to which Building Code: ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968  
The earliest Code with which this building or any part of it is required to comply: ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

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

| 16 | Curb Cut Description                  |
|----|---------------------------------------|
|    | Size of cut (with splays): _____ ft.  |
|    | Distance to nearest corner: _____ ft. |
|    | to street:                            |

| 18 Fire Protection Equipment |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                              | 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*

**20A Flood Hazard Area Information**

Yes No

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

**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: \$                                                   | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect                                |
| <input type="checkbox"/> Advertising                                                                                                                              | <input type="checkbox"/> Illuminated 23A                             | Total Square Feet:                                                   | Yes No                                                                                                                                                   |
| <input type="checkbox"/> Non-Advertising                                                                                                                          | <input type="checkbox"/> Non-Illuminated                             | Height above Curb: <input type="text"/> ft. <input type="text"/> in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> |
| Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall                                                         | Height above Roof: <input type="text"/> ft. <input type="text"/> in. |                                                                      | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?                                                               |
| Yes No                                                                                                                                                            |                                                                      |                                                                      | 23C Sign wording. <i>If extensive, provide only key wording.</i>                                                                                         |
| <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> <input type="text"/> ft. <input type="text"/> in. |                                                                      |                                                                      | 23D Distance from Arterial Highway: _____ ft.                                                                                                            |
| <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>                                                                 |                                                                      |                                                                      | 23E Distance from Park 1/2 acre or more: _____ ft.                                                                                                       |
| <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>                                       |                                                                      |                                                                      | 23F OAC Sign Number: _____                                                                                                                               |
| <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>                                          |                                                                      |                                                                      | 23G OAC Registration Number: _____                                                                                                                       |
| <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>                                      |                                                                      |                                                                      |                                                                                                                                                          |

.....► *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*

**24 Comments** Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

HEREBY REVISE SCHEDULE B ONLY



PW1B: Schedule B  
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of



1 Location Information Required for all applications.

House No(s) 586 Street Name Monroe Street

Borough Brooklyn Block 1640 Lot 35 BIN 3044876 CB No. 303

Work on Floor(s) 2

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

☐ Plumbing - PL

Cost: \$

Total sprinkler heads in 8B:

To remove violation(s): 1)

2)

☐ Sprinkler - SP

Cost: \$

Total sprinkler heads in 8A:

To remove violation(s): 1)

2)

☐ Standpipe - SD

Cost: \$

To remove violation(s): 1)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

☐ Storm Sewer

☐ Combined Sewer

☐ Private Disposal

Sanitary Drainage Discharges into: select one.

☐ Sanitary Sewer

☐ Combined Sewer

☐ Private Disposal

4 Sewer Work Select all that apply.

☐ HCP-1/HCP-2

☐ Site Connection

☐ Septic Tank

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

☒ Cap or Remove Describe all:

PL - REMOVE 1 GAS RANGE @ 2ND FLOOR  
REMOVE 1 TOILET AT 1ST FLOOR

☒ Replace or Relocate Describe all:

PL - REPLACE 1 TUB, 1 LAV, 1 TOILET @ 2ND  
FLOOR; RELOCATE 1 LAV @ 2ND FLOOR;  
RELOCATE 1 SINK @ 1ST FLOOR; RELOCATE 1 TUB,  
1 SINK, 1 LAV, 1 TOILET, 1 GAS RANGE @  
BASEMENT

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

GAS DRYER CSA 7.1a-2007 , GAS RANGE UL #MH 19682

BOILERS CSA 4.9-2014 , HOT WATER HEATER CSA 4.1-2013

Total Location(s), floor/apt. - list all that apply:

Meters total: 2 CELLAR

Risers total: 2 CELLAR THRU 1ST FLOOR

Gas Usage: ☒ Heat ☒ Dryer ☒ Water Heater ☐ Tankless Coil

☐ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner

☐ Other:

Name (please print)

ANASTAS

Signature

Date



SIGN HERE

7 Applicant's Statements and Signatures Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

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

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

\*\* Must be off domestic.

\* Indicates test *may* be required.