



PW1A: Schedule A - Occupancy / Use

Must be typewritten.

Sheet \_\_\_\_\_ of \_\_\_\_\_

☒ Orient and affix BIS job number label here ☒

| Floor | Existing Legal Use        |                 |                                                                     |                                  |                              |                     | Proposed Use              |                                     |                                         |                                  |                              |                     |
|-------|---------------------------|-----------------|---------------------------------------------------------------------|----------------------------------|------------------------------|---------------------|---------------------------|-------------------------------------|-----------------------------------------|----------------------------------|------------------------------|---------------------|
|       | Maximum Number of Persons | Live Load (psf) | 2014 Code Designations?                                             | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) | Maximum Number of Persons | Live Load (psf)                     | 2014 Code Designations only*            | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) |
| CEL   |                           | OG              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              | 0                            | 2B                  |                           | OG                                  | <input checked="" type="checkbox"/> Yes | R-3                              | 0                            | 2B                  |
|       | Description               | ORDINARY        |                                                                     |                                  |                              |                     | Description               | BOILER ROOM & 3-FIXTURE BATHROOM    |                                         |                                  |                              |                     |
| OSP   |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | RES                              | 0                            | 2B                  |                           | OG                                  | <input checked="" type="checkbox"/> Yes | R-3                              | 0                            | 2B                  |
|       | Description               |                 |                                                                     |                                  |                              |                     | Description               | ONE(1) ACCESSORY OPEN PARKING SPACE |                                         |                                  |                              |                     |
| 001   | 20                        | 40              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | COM                              | 0                            | 4                   |                           | 40                                  | <input checked="" type="checkbox"/> Yes | R-3                              | 1                            | 2A                  |
|       | Description               | MEDICAL OFFICES |                                                                     |                                  |                              |                     | Description               | ONE(1) DWELLING UNIT                |                                         |                                  |                              |                     |
| 002   |                           | 40              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              | 1                            | 2                   |                           | 40                                  | <input checked="" type="checkbox"/> Yes | R-3                              | 1                            | 2A                  |
|       | Description               | ONE(1) FAMILY   |                                                                     |                                  |                              |                     | Description               | ONE(1) DWELLING UNIT                |                                         |                                  |                              |                     |
| att   |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            | RES                              | 0                            | 2A                  |                           |                                     | <input checked="" type="checkbox"/> Yes | R-3                              | 0                            | 2A                  |
|       | Description               | CRAWL SPACE     |                                                                     |                                  |                              |                     | Description               | CRAWL SPACE                         |                                         |                                  |                              |                     |

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 hereby state all the above information is complete and correct to the best of my knowledge.

Applicant's Name (please print)

YUK LAM

Signature



**2 Building Notes to appear on the Certificate of Occupancy**

TOTAL TWO(2) DWELLING UNITS WITH TWO(2) ACCESSORY PARKING SPACE. THE THREE-FIXTURE BATHROOM LOCATED IN THE CELLAR SHALL BE USED SOLELY IN CONNECTION WITH THE DWELLING UNIT ABOVE. NO LIVING, SLEEPING OR COOKING IS PERMITTED IN THE CELLAR, AND IN NO CASE SHALL THE CELLAR BE RENTED INDEPENDENT OF THE DWELLINGS ABOVE.

**3 Applicant's Statements and Signatures**     *Required for all applications.*

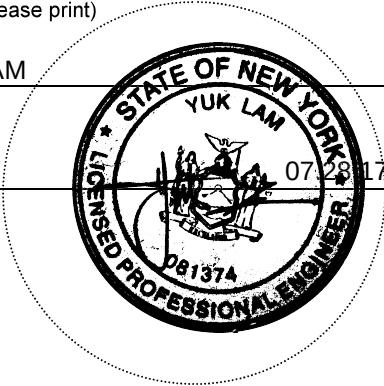
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|                   |  |
|-------------------|--|
| Internal Use Only |  |
|                   |  |

Name (please print)

YUK LAM

Signature \_\_\_\_\_ Date \_\_\_\_\_



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