



19431 JF



DEPT OF BLDGS 321187023

Job Number



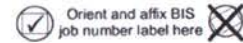
ES179351366

Scan Code

## PW1A: Schedule A - Occupancy / Use

Must be typewritten.

Sheet 1 of 2



| 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-CEL |                                      | OG              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              |                              |                     |                                                  | OG              | <input checked="" type="checkbox"/> Yes | R-3                              |                              | 2                   |
|         | ORDINARY USE                         |                 |                                                                     |                                  |                              |                     | ACCESSORY STORAGE                                |                 |                                         |                                  |                              |                     |
| BAS-BAS | 40                                   |                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              |                              |                     | 40                                               |                 | <input checked="" type="checkbox"/> Yes | R-3                              | 1.25                         | 2                   |
|         | LOWER PORTION OF ONE FAMILY DWELLING |                 |                                                                     |                                  |                              |                     | ONE DWELLING AND PART OF SINGLE FAMILY RESIDENCE |                 |                                         |                                  |                              |                     |
| 001-001 | 40                                   |                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              |                              |                     | 40                                               |                 | <input checked="" type="checkbox"/> Yes | R-3                              | .25                          | 2                   |
|         | UPPER PORTION OF ONE FAMILY DWELLING |                 |                                                                     |                                  |                              |                     | PART OF SINGLE FAMILY RESIDENCE                  |                 |                                         |                                  |                              |                     |
| 002-002 | 40                                   |                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              |                              |                     | 40                                               |                 | <input checked="" type="checkbox"/> Yes | R-3                              | .25                          | 2                   |
|         | ONE FAMILY DWELLING                  |                 |                                                                     |                                  |                              |                     | PART OF SINGLE FAMILY RESIDENCE                  |                 |                                         |                                  |                              |                     |
| 003-003 | 40                                   |                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RES                              |                              |                     | 40                                               |                 | <input checked="" type="checkbox"/> Yes | R-3                              | .25                          | 2                   |
|         | ONE FAMILY DWELLING                  |                 |                                                                     |                                  |                              |                     | PART OF SINGLE FAMILY RESIDENCE                  |                 |                                         |                                  |                              |                     |

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)

Michael W. Ingu

Signature



**2 Building Notes to appear on the Certificate of Occupancy****3 Applicant's Statements and Signatures** *Required for all applications.*

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Name (please print)

Michael W. Ingui

Signature

Date

Internal Use Only



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