



DEPT OF BLDGS 321682363

Job Number



ES151613502

Scan Code



DEPT. BLDGS.

321682363

Job Number

SC170425031

Scan Code

## Borough Intake Form

1. **Location & Requestor Information** required for all requests. Provide location information, requestor's name, email, and relation to job. Please note denied requests will be sent disapproval reason (s) to email address provided on Borough Drop-off Intake Sheet.

House No: 113 Street Name: LEFFERTS AVEN Application#: 321682363 Date: 10/3/19  
Borough: BROOKLYN Block: 1318 Lot: 64 BIN: 3034903 Requestor Name: YASSEER SANTOS  
Relation to job (select one): ☐ Owner ☐ Applicant of Record ☐ Contractor ☒ Filing Representative  
Email: YSANTOS54@AOL.COM Owner's Email: josepeng@yahoo.com ☒ Initial ☐ Resubmission Date:

2. **Type of Request** Borough Drop-off Intake Sheet is required for each request submitted, ensure all forms are fully completed, signed, sealed and dated. Select one of the following options:

☒ **PAA (Post Approval Amendments)**

Submit PW1 (PAA) to make changes to an already approved (P+ status in BIS) application. Changes made after initial approval are subject to PAA fees and plan examination unless initial job was professionally certified.

☐ **PW1 Withdrawal**

Submit PW1 to withdraw all or part of a job.

☐ **Initial Work Permit Application**

Submit PW2 Initial Work Permit Application if this is the first time applying for this permit. Select No Work Permit, if this application will not include any physical work to be performed under this permit.

☐ **PW6 Certificate of Occupancy Inspection Application (Initial)**

Submit PW6 in order to initiate inspections required prior to issuance of a Certificate of Occupancy.

☐ **PW7 Certificate of Occupancy /Temporary Certificate of Occupancy /Letter of Completion**

Submit PW7 to obtain a final Certificate of Occupancy (CO), Temporary Certificate of Occupancy (TCO), Letter of Completion (LOC) or renew a Temporary Certificate of Occupancy. **Note: Resubmissions require new BSCAN sticker**

Internal Use Only, reason (s) for denial will be indicated below by borough staff and emailed to addresses indicated above.

**Disapproval Reasons** request cannot be processed for the following reason (s)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Job is not approved.</li><li><input type="checkbox"/> Job is in 'R - PERMIT-ENTIRE' status.</li><li><input type="checkbox"/> Job is for different borough submit to corresponding borough.</li><li><input type="checkbox"/> Fees due, pay outstanding fees and resubmit.</li><li><input type="checkbox"/> Job is on hold for 'No Good Check', resolve and resubmit.</li><li><input type="checkbox"/> Withdrawal Job/Doc #/Work type is missing/not on file.</li><li><input type="checkbox"/> Property/Job on 'Hold', see Borough Commissioner's Office.</li><li><input type="checkbox"/> Owner's signature required for withdrawal.</li><li><input type="checkbox"/> Architect/Engineer's signature and/or seal missing.</li><li><input type="checkbox"/> Applicant's information is different from Dept. records.</li><li><input type="checkbox"/> Permitted application must see Plan Exam for determination if withdrawal inspection is required.</li><li><input type="checkbox"/> Inspection required resubmit with 'Final-Pass' inspection report (OP113).</li><li><input type="checkbox"/> Work type signed off, cannot withdraw.</li><li><input type="checkbox"/> PAA approved, cannot withdraw.</li><li><input type="checkbox"/> All PAA fees must be paid prior to withdrawal.</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Resolve open required items and resubmit for permit.</li><li><input type="checkbox"/> Not an initial work permit application must be processed through permit renewal.</li><li><input type="checkbox"/> No permits have been issued for this job number.</li><li><input type="checkbox"/> Job number incorrect/invalid.</li><li><input type="checkbox"/> Floors invalid.</li><li><input type="checkbox"/> Electrical Control Number (s) missing (required for NB filings)</li><li><input type="checkbox"/> Notarization by Superintendent of Construction missing.</li><li><input type="checkbox"/> Open ECB/DOB violation (s)</li><li><input type="checkbox"/> Incomplete PAA</li><li><input type="checkbox"/> Missing inspection sign-off (s):<ul style="list-style-type: none"><li><input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Elevator</li><li><input type="checkbox"/> Other: _____</li></ul></li><li><input type="checkbox"/> Missing required items (s): _____</li><li><input type="checkbox"/> TR-1 error (s): _____</li><li><input type="checkbox"/> Missing/Incomplete/Invalid:<ul style="list-style-type: none"><li><input type="checkbox"/> Form (s) _____</li><li><input type="checkbox"/> Section (s) _____</li></ul></li><li><input type="checkbox"/> Other: _____</li></ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Print Form



# PW1: Plan / Work Application

Must be typewritten



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

House No(s) 113

Street Name LEFFERTS AVE

Borough BROOKLYN

Block 01318

Lot 00064

BIN 3034903

C.B. No. 309

Work on Floor(s) CEL, 001

Apt. / Condo No(s)

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

Last Name ROSARIO

First Name MARTIN

Middle Initial

Business Name URBAN TRANS ENGINEERING, LLC

Business Telephone (646) 371-9744

Business Address 427 FORT WASHINGTON AVENUE, 1E

Business Fax (646) 390-7699

City NEW YORK

State NY

Zip 10033

Mobile Telephone (201) 674-9960

E-Mail MARTIROSARIO@AOL.COM

License Number 071736

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 SANTOS

First Name YASSER/ FAUSTO

Middle Initial

Business Name POSEIDON EXPEDITING & CONSULTING SERVICES LLC Business Telephone (646) 371-9744

Business Address 427 FORT WASHINGTON AVENUE, 1E

Business Fax (646) 390-7699

City NEW YORK

State NY

Zip 10033

Mobile Telephone (201) 232-4591

E-Mail YSANTOS54@AOL.COM

Registration Number 002435 / 6222

## 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 A/I

☐ 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: 321682363

## 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, 8F, 9-10, 12, 13C-F, 14, 18-20, 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

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

☐ New Building 6A-E, 8F, 9A, 9C-K, 9M, 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, 9M, 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

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☐ MH - Mechanical

☒ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☐ SP - Sprinkler PW1B

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

6B ☐ EQ - Construction Equipment 15

6C ☒ OT/GC - General Construction

6D ☐ OT - Other, describe:

**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 <b>\$33500</b>      |
|    | PL | 29500 |    |      |    |      | <input checked="" type="checkbox"/> No enlargement is proposed        | 8D Street Frontage: linear ft.            |
|    | OT | 4000  |    |      |    |      | <input type="checkbox"/> Yes 12, PD1                                  | 8E Height: ft. Width: ft.                 |
|    |    |       |    |      |    |      | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F Total Building Square Footage: 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

|    |                                                                     |                                                                                                                                                                            |                                                                     |                                                              |
|----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|
| 9B | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Alteration required to meet New Building requirements (28-101.4.5) If yes, 13A-B                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Change in number of dwelling units                           |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Alteration is a major change to exits                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Change in occupancy / use                                    |
| 9C | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Facade Alteration                                                                                                                                                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Change is inconsistent with current certificate of occupancy |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Adult Establishment If yes, plot diagram (except DM)                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Change in number of stories                                  |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Compensated Development (Inclusionary Housing)                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Infill Zoning                                                |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Low Income Housing (Inclusionary Housing)                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Loft Board                                                   |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Single Room Occupancy (SRO) Multiple Dwelling                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Quality Housing                                              |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Filing includes Lot Merger / Reapportionment If yes, 17                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Site Safety Job/Project                                      |
| 9D | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Landmark                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Included in LMCCC                                            |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Little "E" or RD Site                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Filing to address violations (list #s—max. 5):               |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unmapped/CCO Street                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Filing to comply with Local Laws (list #s—max. 2)            |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Requesting legalization of work where no work without a permit violations have been issued                                                                                 |                                                                     | LL Number                                                    |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Other (please specify on line provided below):                                                                                                                             |                                                                     | Year                                                         |
|    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CRFN(s) Restrictive Declaration / Easement (max. 4): 2018000326634                                                                                                         |                                                                     |                                                              |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                                                                        |                                                                     |                                                              |
| 9E | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BSA Calendar Numbers (max. 5):                                                                                                                                             |                                                                     |                                                              |
| 9F | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CPC Calendar Numbers (max. 5):                                                                                                                                             |                                                                     |                                                              |
| 9G | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]                                                                           |                                                                     |                                                              |
| 9H | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work includes modular construction under New York State jurisdiction                                                                                                       | 9I                                                                  | High Rise Team tracking #:                                   |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work includes modular construction under New York City jurisdiction                                                                                                        |                                                                     |                                                              |
| 9J | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Structural peer review required per BC 16. If yes, provide NYS P.E. license number:                                                                                        |                                                                     |                                                              |
| 9K | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work includes permanent removal of standpipe, sprinkler or fire suppression related systems                                                                                |                                                                     |                                                              |
| 9L | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building If yes, 21B                                                               |                                                                     |                                                              |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Structural stability affected by proposed work                                                                                                                             |                                                                     |                                                              |
| 9M | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work involves or will result in an amount of soil disturbance greater than or equal to one acre in an MS4 area                                                             |                                                                     |                                                              |
|    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Work is part of a larger common plan or development or sale that involves or will result in an amount of soil disturbance greater than or equal to one acre in an MS4 area |                                                                     |                                                              |

**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.

|                           |                                    |
|---------------------------|------------------------------------|
| <b>11 Job Description</b> | <b>11A Related DOB Job Numbers</b> |
|---------------------------|------------------------------------|

FILING ALT 2 FOR THE CREATING OF A 2 PIECE BATHROOM AT CELLAR AND REGISTRATION OF PLUMBING FIXTURES AT CELLAR AND FIRST FL. THERE SHALL BE NO CHANGE IN USE, OCCUPANCY OR MEAN OF EGRESS UNDER THIS APPLICATION.

11B Primary application job no.

|                                  |  |
|----------------------------------|--|
| <b>12 Zoning Characteristics</b> |  |
|----------------------------------|--|

|                                                                                                         |                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>12A District(s) <b>R5</b></p> <p>Overlay(s)</p> <p>Special Dist.(s)</p> <p>Map Number <b>16D</b></p> | <p>12B Street legal width: _____ ft.</p> <p>Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i></p> |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |      |                   |          |     |                                                                                                              |                                                     |
|------------------------|------|-------------------|----------|-----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 12C Proposed:          | Use* | Zoning Floor Area | District | FAR | Proposed Lot Details:                                                                                        | Proposed Yard Details:                              |
|                        |      | sq. ft.           |          |     | Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through | Check here if no yards: <input type="checkbox"/> or |
|                        |      | sq. ft.           |          |     | Lot Coverage _____ %                                                                                         | Front Yard _____ ft.                                |
|                        |      | sq. ft.           |          |     | Lot Area _____ sq. ft.                                                                                       | Rear Yard _____ ft.                                 |
|                        |      | sq. ft.           |          |     | Lot Width _____ ft.                                                                                          | Rear Yard Equivalent _____ ft.                      |
|                        |      | sq. ft.           |          |     | Proposed Other Details:                                                                                      | Side Yard 1 _____ ft.                               |
|                        |      | sq. ft.           |          |     | Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | Side Yard 2 _____ 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)  |                                                      |
| <input type="checkbox"/> Wood              | <input type="checkbox"/> Steel (Structural) | <input type="checkbox"/> Steel (Cold-Formed) | <input type="checkbox"/> Steel (Encased in Concrete) |

|                                          |                                                                     |                                                          |                                                                                                         |
|------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 13B                                      | Existing                                                            | Proposed                                                 | 13D Building Type: <input checked="" type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other |
| Structural Occupancy/Risk Cat.           |                                                                     |                                                          | Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Seismic Design Cat.                      | 2014 Code Designations?                                             | 2014 Code Designations?                                  |                                                                                                         |
| 13C Occupancy Classification* <b>J-3</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes**                |                                                                                                         |
| Construction Classification <b>3</b>     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                         |
| Multiple Dwelling Classification         |                                                                     |                                                          |                                                                                                         |

|                           |          |          |                                                                                                                                                                                                                      |
|---------------------------|----------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13E                       | Existing | Proposed | 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                |
| Building Height <b>25</b> | ft.      | ft.      | 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 |
| Building Stories <b>2</b> |          |          |                                                                                                                                                                                                                      |
| Dwelling Units <b>1</b>   |          |          |                                                                                                                                                                                                                      |

|                            |  |
|----------------------------|--|
| <b>14 Fill Choose one.</b> |  |
|----------------------------|--|

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

|                                  |                                |
|----------------------------------|--------------------------------|
| <b>15 Construction Equipment</b> | <b>16 Curb Cut Description</b> |
|----------------------------------|--------------------------------|

☐ Chute ☐ Sidewalk Shed Construction Material: \_\_\_\_\_

☐ Fence Size: \_\_\_\_\_ linear ft. BSA/MEA Approval No. \_\_\_\_\_

☐ Supported Scaffold ☐ Other: \_\_\_\_\_

Size of cut (with splays): \_\_\_\_\_ ft.

Distance to nearest corner: \_\_\_\_\_ ft.

to street: \_\_\_\_\_

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>17 Tax Lot Characteristics</b> | <b>18 Fire Protection Equipment</b> |
|-----------------------------------|-------------------------------------|

Original tax lots being merged or reapportioned (if applicable):

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Tentative tax lot numbers (new tax lots only):

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|                  | 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. **3477363**  
☐ 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:

Location: ☐ Ground ☐ Roof 23B ☐ Wall

Height above Roof:

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.

**PROPOSE TO AMEND SCHEDULE B TO INDICATE THE CAP AND REMOVAL OF A STALL SHOWER AND COMPLY WITH AUDIT OBJECTIONS.**

**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 specifications 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): **MARTIN ROSARIO**Sign and Date: **9/30/19**

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 purpose. ★

☐ ☐ **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 26AIs the deed holder a non-profit organization? ☐ Yes ☐ NoName (please print): **SADIA DOUGLAS**Relationship to Owner: **OWNER**Business Name/Agency: **N/A**Street Address: **113 LEFFERTS AVENUE**City: **BROOKLYN** State: **NY** Zip: **11225**Telephone Number: **(917) 589-4180** Fax: \_\_\_\_\_E-Mail Address: **ewill109@gmail.com**Signature and Date **9/30/19****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 **9/30/19****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: \_\_\_\_\_



PW1B: Schedule B  
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 113 Street Name LEFFERTS AVENUE

Borough BROOKLYN Block 1318 Lot 64 BIN 3034903 CB No. 309

Work on Floor(s) CEL, 001

2 Work Type Information Required for all applications. Select all that apply.

Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$ 29500

Cost: \$

Cost: \$

Total sprinkler heads in 8B: 0

Total sprinkler heads in 8A:

To remove violation(s): 1)

To remove violation(s): 1)

To remove violation(s): 1)

2)

2)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

Sanitary Drainage Discharges into: select one.

☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal

☐ 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:

CAP AND REMOVE STALL SHOWER AT CELLAR.

☒ Replace or Relocate Describe all:

PL-REPLACE WATER CLOSET, LAVATORY, SINK AND RANGE AT 1ST FLOOR.

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

RANGE, BOILER, WATER HEATER, DRYER.

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

Risers total: 1 CELLAR TO 1ST FLOOR

Gas Usage: ☒ Heat ☒ Dryer ☒ Water Heater ☐ Tankless Coil  
☐ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner  
☐ Other:

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

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|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| Name (please print)                                                                   |         |
| MARTIN ROSARIO                                                                        |         |
| Signature                                                                             | Date    |
|  | 9/30/19 |
|  |         |
| 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                                                              |  |  |  |  |  |  |  |  |  |  |  |
| 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                            |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Sprinkler Heads over 999                   |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 8B Sprinkler (PL)**                                       | F Sprinkler Heads (thirty or less)           |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 8C Fire Standpipe (SD)                                    | P* Standpipe Piping                          |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E* Fire Pump                                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E* Special Service Fire Pump                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Floor/Riser Control Valve                  |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Hose Cabinet/Rack/Valve                    |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Siamese FDC                                |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 8D Water/San. (PL)                                        | P* Sanitary Piping (Soil & Venting)          |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | 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                                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Domestic Water Tank/Pump                   |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Drinking Fountain                          |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Floor Drain                                |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Grease Trap/Oil Separator/GRD              |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Ice Maker                                  |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F In-sink Garbage Disposal                   |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Lavatory (Common Wash Basin)               | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Laundry - Standpipe                        |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Pool                                       |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F RPZ/Backflow Preventer (Primary)           |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F RPZ/Backflow Preventer (Secondary)         |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Sink - Non Residential                     |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Sink - Residential                         | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Stall Shower                               | 0                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | 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                                  |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Area/Yard Drain                            |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Detention Tank                             |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Dry Well/Retention                         |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Roof Drain                                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 8F Gas (PL)                                               | P* Gas Piping                                | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E Emergency Shut-off Valve                   |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E* Fire Suppression Shut-off Valve           |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E Gas Booster Pump                           |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Cooking Equipment (non-residential)        |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Cooking Equipment (residential)            |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Boiler (<350K, non-comm, <6 family)    | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Burner                                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Dryer                                  | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Furnace                                |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Meter                                  |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | F Gas Water Heater                           | 1                                                                |  |  |  |  |  |  |  |  |  |  |  |
| 8G Medical (PL)                                           | P* Medical Gas Piping                        |                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                           | E Assorted Medical Equipment                 |                                                                  |  |  |  |  |  |  |  |  |  |  |  |

\*\* Must be off domestic.

\* Indicates test *may* be required.