



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: 666 Street Name: JAMAICA AVENUE Application#: 321787973 Date: Apr 13 2018
 Borough: BKLYN Block: 4101 Lot: 19 BIN: 3090763 Requestor Name: DANIEL MCFARLANE
 Relation to job (select one): ☐ Owner ☐ Applicant of Record ☐ Contractor ☒ Filing Representative
 Email: AFX24@YAHOO.COM Owner's Email: LILCARMEN10@AOL.CO ☒ Initial ☐ Resubmission Date: Apr 13 2018

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

Print Form



PW1: Plan / Work Application

Must be typewritten.

DEPT BLDGS Job No. 321787973



Scan Code ESHS5734076



1 Location Information Required for all applications.

House No(s) 666 Street Name JAMAICA AVENUE

Borough BKLYN

Block 4101

Lot 19

BIN 3090763

C.B. No. 305

Work on Floor(s) CEL

Apt. / Condo No(s)

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

Last Name CLARKE

First Name WAYNE

Middle Initial A

Business Name MCFARLANE CODE CONSULTANT

Business Telephone (917) 406-2291

Business Address 988 PUTNAM AVE

Business Fax

City BKLYN

State NY

Zip 11221

Mobile Telephone

E-Mail

License Number 659501

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

First Name

Middle Initial

Business Name

Business Telephone

Business Address

Business Fax

City

State

Zip

Mobile Telephone

E-Mail

Registration Number

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: 01

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

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

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

☐ New Building 6A-E, 8F, 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 \$
								☐ No enlargement is proposed	8D	Street Frontage: linear ft.
								☐ Yes 12, PD1	8E	Height: ft. Width: ft.
								☐ Horizontal ☐ Vertical	8F	Total Construction Floor Area: sq. ft.
								Additional Construction Floor Area: sq. ft.		

9 Additional Considerations, Limitations or Restrictions9A Review is requested under which building code? ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

Yes No

9B ☐ ☐ Alteration required to meet New Building requirements (28-101.4.5) *If yes, 13A-B*☐ ☐ Alteration is a major change to exits9C ☐ ☐ Façade Alteration☐ ☐ Adult Establishment *If yes, plot diagram (except DM)*☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☐ Single Room Occupancy (SRO) Multiple Dwelling☐ ☐ Filing includes Lot Merger / Reapportionment *If yes, 17*9D ☐ ☐ Landmark☐ ☐ Little "E" or RD Site☐ ☐ Unmapped/CCO Street☐ ☐ Requesting legalization of work where no work without a permit violations have been issued☐ ☐ Other (please specify on line provided below):☐ ☐ CRFN(s) Restrictive Declaration / Easement (max. 4):☐ ☐ CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):9E ☐ ☐ BSA Calendar Numbers (max. 5):9F ☐ ☐ CPC Calendar Numbers (max. 5):9G ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]9H ☐ ☐ Work includes modular construction under New York State jurisdiction☐ ☐ Work includes modular construction under New York City jurisdiction9J ☐ ☐ Structural peer review required per BC 16. *If yes, provide NYS P.E. license number:*9K ☐ ☐ Work includes permanent removal of standpipe, sprinkler or fire suppression related systems9L ☐ ☐ Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building *If yes, 21B*☐ ☐ Structural stability affected by proposed work**10 NYCECC Compliance** *New York City Energy Conservation Code*☐ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*Code Compliance Path (choose one): ☐ NYCECC ☐ ASHRAEEnergy Analysis (choose one): ☐ Tabular Analysis ☐ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following (choose one):☐ The work is an alteration of a State or National historic building.☐ The scope of the work is entirely in a "low-energy building" and is limited to the building envelope.☐ The entire scope of work involves a temporary structure and/or one or more of the following work types: FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

11 Job Description	11A Related DOB Job Numbers
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11B Primary application job no.

12 Zoning Characteristics

12A District(s) Overlay(s) Special Dist.(s) Map Number	12B Street legal width: _____ ft. Street Status: ☐ Public ☐ Private <i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i>
12C Proposed: Use* Zoning Floor Area District FAR _____ sq. ft. _____ _____ sq. ft. _____ _____ sq. ft. _____ _____ sq. ft. _____ _____ sq. ft. _____ _____ sq. ft. _____ Proposed Totals sq. ft. Existing Total sq. ft.	Proposed Lot Details: Lot Type: ☐ Corner ☐ Interior ☐ Through Lot Coverage _____ % Lot Area _____ sq. ft. Lot Width _____ ft. Proposed Other Details: Enclosed Parking? ☐ Yes ☐ No <i>If yes, no. of parking spaces:</i> _____ Perimeter Wall Height _____ ft.
	Proposed Yard Details: Check here if no yards: ☐ or Front Yard _____ ft. Rear Yard _____ ft. Rear Yard Equivalent _____ ft. Side Yard 1 _____ ft. Side Yard 2 _____ ft.

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

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2014 Code equivalents only. *Residential w/other use.

13A Primary structural system, choose one : ☐ Masonry ☐ Concrete (CIP) ☐ Concrete (Precast) ☐ Wood ☐ Steel (Structural) ☐ Steel (Cold-Formed) ☐ Steel (Encased in Concrete)			
13B Structural Occupancy/Risk Cat. Seismic Design Cat.	Existing _____ _____	Proposed _____ _____	13D Building Type: ☐ 1, 2, or 3 Family ☐ Other Mixed use building? ☐ Yes ☐ No
13C Occupancy Classification* Construction Classification Multiple Dwelling Classification	2014 Code Designations? ☐ Yes ☐ No ☐ Yes ☐ No 	2014 Code Designations? ☒ Yes** ☐ Yes ☐ No 	13E Building Height _____ ft. Building Stories _____ Dwelling Units _____
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			

14 Fill Choose one .

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

15 Construction Equipment	16 Curb Cut Description
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☐ 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: _____

17 Tax Lot Characteristics	18 Fire Protection Equipment
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Original tax lots being merged or reapportioned (if applicable):

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Tentative tax lot numbers (new tax lots only):

--	--	--	--	--	--	--	--	--	--

	Existing	Proposed
	Yes	No
Fire Alarm	☐	☐
Fire Suppression	☐	☐
Sprinkler	☐	☐
Standpipe	☐	☐

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: ☐ Advertising ☐ Non-Advertising Location: ☐ Ground ☐ Roof 23B ☐ Wall Yes No ☐ ☐ Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in. ☐ ☐ Designed for changeable copy? <i>If no, 23C</i> ☐ ☐ Does an OAC have an interest in this sign or location? <i>If yes, 23G</i> ☐ ☐ Within 900' and within view of an arterial highway? <i>If yes, 23D</i> ☐ ☐ Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i> → <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</i>	Type: ☐ Illuminated 23A ☐ Non-Illuminated Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect Yes No ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> 23B ☐ ☐ Is roof sign tight, closed or solid? 23C Sign wording. <i>If extensive, provide only key wording.</i> 23D Distance from Arterial Highway: _____ ft. 23E Distance from Park 1/2 acre or more: _____ ft. 23F OAC Sign Number: _____ 23G OAC Registration Number: _____
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24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

REVISE SCH B AS PER FIELD CONDITIONS.

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): **WAYNE A. CLARKE P.E.**

Sign and Date: **5-22-18**

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

26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with all applicable laws, rules, and regulations.

Yes No

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

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

☐ ☐ **Owner's Certifications Regarding Occupied Housing**
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☐ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. *If yes, select one of the following:*

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

☐ The owner has notified the New York State Homes and Community Renewal (NYSHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

Provide date NYSHCR notified: _____

☐ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy and the work is not inconsistent with the current certificate of occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

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

★ For fee waivers, please see the PW1 User Guide

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

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

Name (please print): _____

Relationship to Owner: _____

Business Name/Agency: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Fax: _____

E-Mail Address: _____

Signature and Date 

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 

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

DEPT BLDGS Job No. 321787973



Scan Code ESHS1604557

1 Location Information Required for all applications.

House No(s) 666

Street Name JAMAICA AVENUE

Borough BKLYN

Block 4101

Lot 19

BIN 3090763

CB No. 305

Work on Floor(s) BAS

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

☒ Plumbing - PL

Cost: \$ 3,000

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:

☐ Replace or Relocate Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

3 NNAVIEN GAS BOILER MOD# CH-210 (NG) ASME 9857-20131018-2123
COMBO BOILERS, (EX) STOVES 1ST, 2ND, 3RD FL.

Total
Meters total: 1

Location(s), floor/apt. - list all that apply:
EXIST IN BASEMENT

Risers total: 1

EXIST BASEMENT TO BASEMENT TO FIR

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.

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.

Name (please print)	
WAYNE A. CLARKE, P.E.	
Signature	Date
	
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 (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping															
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry	B															
	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																
	P* Sanitary Piping (Soil & Venting)																
	P* Water Piping	1															
8D Water/San. (PL)	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)																
	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																
	F Tankless Coil	3															
	F Toilet (Water Closet)																
	F Urinal																
	F Washing Machine																
	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)	3															
	F Gas Burner																
	F Gas Dryer																
	F Gas Furnace																
	F Gas Meter																
	F Gas Water Heater																
8G Medical (PL)	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test *may* be required.