



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Page 1 of 2

1 Location Information Required for all applications.

House No(s) **191** Street Name **22 STREET**

Borough **BROOKLYN**

Block **643**

Lot **68**

BIN **3009366**

CB No. **307**

Work on Floor(s) **CEL, 001, 002, 003**

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

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$ **52500**

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.

☐ SD-1, SD-2, SD-3

☐ 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:

PL - NONE

PL-RELOCATE GAS RANGE, SINK, TUB, W/C & LAV ON 1ST FL., GAS RANGE, SINK, TUB, W/C & LAV ON 2ND FL., W/ & LAV ON 3RD FL.

6 Gas and Gas Equipment Data

Gas piping involved? ☐ Yes ☐ No

Describe gas fired equipment:

GAS RANGES, GAS DRYER

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

Meters total: **2** **CELLAR**

Risers total: **2** **CELLAR - 2**

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) JACK GAMILL	
Signature	Date
See POC1 for completion of this section including all signatures and seals.	
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

DOB Reference Number: T00000946300-000047

User Ref ID: EF2

If this PW1-B Application is being filed electronically as part of a professionally certified application, then it must be filed simultaneously with an electronically filed POC1 form that includes all applicable applicant and owner signatures.

8 Equipment Information *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping												
		CEL	1	2	3									
8A Sprinkler (SP) <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	1	1	1	1									
	P Water Service Piping													
	E Sewer Ejection Pump													
	F Bathtubs/Whirlpools/Hot Tub/Sauna													
	F Bidet													
	F Chiller/Cooler													
	F Dishwasher		1	1										
	F Domestic Water Tank/Pump													
	F Drinking Fountain													
	F Floor Drain	1												
	F Grease Trap/Oil Separator													
	F Ice Maker													
	F In-sink Garbage Disposal													
	F Lavatory (Common Wash Basin)	1		1										
	F Laundry - Standpipe													
	F Pool													
	F RPZ/Backflow Preventer (Primary)													
	F RPZ/Backflow Preventer (Secondary)													
	F Sink - Non Residential													
	F Sink - Residential													
	F Stall Shower			1										
	F Tankless Coil													
	F Toilet (Water Closet)	1		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	1	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)													
	F Gas Burner													
	F Gas Dryer	1												
	F Gas Furnace													
	F Gas Meter													
8G Medical (PL)	P* Medical Gas Piping													
	E Assorted Medical Equipment													

** Must be off domestic.

* Indicates test **may** be required.**DOB Reference Number: T00000946300-000047****User Ref ID: EF2**

7/08