



L2: REQUESTS FOR OVERRIDES, REDUCTIONS, OR WAIVERS OF
CIVIL PENALTIES FOR WORK WITHOUT A PERMIT
AND STOP WORK ORDER VIOLATIONS

FORM MUST BE TYPEWRITTEN

1 Job and Request Information (Required for all requests. A copy of the violation is required with the L2 submission.)

Job # 340312799-01

Violation # 053101C08AP06

Indicate reason for request here by checking the applicable box:

OVERRIDE REQUEST:

- ☒ **NRV:** No relationship to the violation; where a permit is being sought for work in a space that is not related to the Work Without a Permit (WWP) violation.

REDUCTION REQUEST:

- ☐ **REDT:** Work completed without benefit of a permit constituted only a percentage of the total work. (Section 4 Affidavit of Reduction is required.)

WAIVER REQUEST:

WWP Waiver Reasons:

- ☐ **BFP:** Where the owner is representing that he or she is a bona fide purchaser and the work was performed by the previous owner. (Sec AC §28-213.2). The following supporting documentation is required:
- Copy of the deed
 - A notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit or letter must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation.
 - The affidavit or letter must include: the name of the bona fide purchaser; the location of the property; a statement that the property was not received as a gift; and, a statement that there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner
- ☐ **CPP:** Where the civil penalty was already fully paid. (Provide BIS Invoice #: _____
Or provide copy of front and back of cancelled check.)
- ☐ **DUPW:** For another WWP violation that remains open and that was issued for the same work and at the same location. (The initial violation shall require payment of the civil penalty. Provide BIS Invoice # for the penalty that was already paid: _____)
- ☐ **ECB:** Where an Environmental Control Board (ECB) violation for WWP has been dismissed whether on substantive or technical grounds.
- ☐ **EWG:** Emergency work performed by the NYC Department of Housing Preservation & Development (HPD) or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1).
- ☐ **EWP:** Emergency work performed without a permit, where an application for the work is filed with the Department within two business days after commencement of the work, except for emergency work described by Code EWG above. (See AC §28-105.4.1).
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- ☐ **GOV:** For Federal, New York State, NYC or other government-owned property, or for property owned by eligible public authorities.
- ☐ **TPT:** HPD third party transfers where a court issues a foreclosure judgment allowing the City to transfer title of a foreclosed property to a new owner. (See AC §11-412.1). Any civil penalties accrued before the closing date of the transfer must be waived. The new owner must provide a letter from HPD stating that there was a third party transfer and that penalties should be waived.

Stop Work Order (SWO) Waiver Reasons:

- ☐ **SWBC:** Where the Commissioner had determined that the violation should not have been issued for working against the SWO.
- ☐ **SWOE:** Where the ECB violation issued for violating the SWO was dismissed for any reason.

2 Location Information (Required for all requests)

House No(s) 858 Street Name Lincoln Place

Borough Brooklyn Block 1262 Lot 33 BIN 3032682 CB No. 308

Work on Floor(s) Cellar,Basement,1-3 Apt/Condo No(s) _____

3 Owner Information (Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)

Last Name Clements First Name Cheryl M.I. _____

Business Name NA Phone (646) 319-7323 E-mail Address Cheryl.J.Clements@gmail.com

Address 858 Lincoln Place City Brooklyn Zip Code 11216

4 Affidavit of Reduction (Only required if reduction is requested. Affidavit needs to be provided by PE or RA. If the reduction request relates to a Limited Alteration Application—LAA—then the affidavit may be provided by another licensee type, such as a licensed plumber.)

- _____, being duly sworn, deposes and says:
1. This affidavit is submitted in support of the request indicated in Section 1 of this form (Job and Request Information).
 2. On _____ (date) at _____ (am / pm) I inspected the above-captioned premises to determine whether the work covered by the application was commenced without benefit of a New York City Department of Buildings Permit.
 3. This affidavit is being submitted to the New York City Department of Buildings within two business days of my inspection.
 4. My inspection revealed that the following work, (written description must be provided below with at least four (4) supporting photographs in order to be accepted for consideration), filed for in the application, was completed without benefit of a permit. (Photographs need to have been taken within two business days of inspection.)

Internal Use Only — Preliminary Borough Review

Building Classification _____ Reduction Amt \$ _____

Name (please print) _____

Signature _____

Date _____

5 PE/RA/Other Licensee Applicant Data (Only required if reduction is requested)

Last Name _____ First Name _____ M.I. _____

Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

☐ PE ☐ RA ☒ Other _____ License No. _____

Name (please print) _____

Signature _____

Date _____

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PE / RA / Other Seal (apply seal, then sign and date over seal)

6 Notarization

State of New York, County of QUEENS

Sworn to before me this 11 day of April 2016

Notary Seal

Notary Signature

Owner or Authorized Designee Signature

Date

Internal Use Only

Borough Commissioner Review

☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason: _____

Name (please print) _____

1st Level Signature _____

Date _____

2nd Level Review—Fiscal

☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason: _____

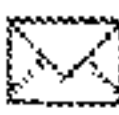
Tracking #: _____

Name (please print) _____

2nd Level Signature _____

Date _____



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NYC Department of Buildings
DOB Violation Display for 053101C08AP06

Premises: 858 LINCOLN PLACE BROOKLYN		BIN: <u>3032682</u> Block: 1262 Lot: 33
Issue Date:	05/31/2001	Violation Category: VW - VIOLATION WORK WITHOUT PERMIT - ACTIVE
Violation Type:	C - CONSTRUCTION	
Violation Number:	08AP06	Device No.:
ECB No.:	<u>34296816J</u> (refer to for further details)	
Description:	WORK WITHOUT A PERMIT. WORK NOTED: ILLEGAL EXTENSION ERECTED AT REAR GROUND FLOOR OF PREMISES REMEDY: OBTAIN PERMIT OR RESTORE PREMISES TO PRIOR LEGAL CONDITION	

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



L2: REQUESTS FOR OVERRIDES, REDUCTIONS, OR WAIVERS OF
CIVIL PENALTIES FOR WORK WITHOUT A PERMIT
AND STOP WORK ORDER VIOLATIONS

FORM MUST BE TYPEWRITTEN

1 Job and Request Information (Required for all requests. A copy of the violation is required with the L2 submission.)

Job # 340312799-01

Violation # 34176235P

Indicate reason for request here by checking the applicable box:

OVERRIDE REQUEST:

- ☒ **NRV:** No relationship to the violation; where a permit is being sought for work in a space that is not related to the Work Without a Permit (WWP) violation.

REDUCTION REQUEST:

- ☐ **REDT:** Work completed without benefit of a permit constituted only a percentage of the total work. (Section 4 Affidavit of Reduction is required.)

WAIVER REQUEST:

WWP Waiver Reasons:

- ☐ **BFP:** Where the owner is representing that he or she is a bona fide purchaser and the work was performed by the previous owner. (See AC §28-213.2). The following supporting documentation is required:
- Copy of the deed
 - A notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit or letter must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation.
 - The affidavit or letter must include: the name of the bona fide purchaser; the location of the property; a statement that the property was not received as a gift; and, a statement that there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner
- ☐ **CPP:** Where the civil penalty was already fully paid. (Provide BIS Invoice #: _____
Or provide copy of front and back of cancelled check.)
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- ☐ **ECB:** Where an Environmental Control Board (ECB) violation for WWP has been dismissed whether on substantive or technical grounds.
- ☐ **EWG:** Emergency work performed by the NYC Department of Housing Preservation & Development (HPD) or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1).
- ☐ **EWP:** Emergency work performed without a permit, where an application for the work is filed with the Department within two business days after commencement of the work, except for emergency work described by Code EWG above. (See AC §28-105.4.1).
- ☐ **EXP1:** Where a fence, shed or scaffold or other temporary construction equipment was installed with a valid permit and the permit had expired. (See BC 105.8.2).
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Stop Work Order (SWO) Waiver Reasons:

- ☐ **SWBC:** Where the Commissioner had determined that the violation should not have been issued for working against the SWO.
- ☐ **SWOE:** Where the ECB violation issued for violating the SWO was dismissed for any reason.

2 Location Information (Required for all requests)

House No(s) 858 Street Name Lincoln Place

Borough Brooklyn Block 1262 Lot 33 BIN 3032682 CB No. 308

Work on Floor(s) Cellar, Basement, 1-3 Apt/Condo No(s) _____

3 Owner Information (Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)

Last Name
Clements

First Name
Cheryl

M.I. _____

Business Name
NA

Phone
(646) 319-7323

E-mail Address
Cheryl.J.Clements@gmail.com

Address
858 Lincoln Place

City
Brooklyn

Zip Code
11216

4

Affidavit of Reduction (Only required if reduction is requested. Affidavit needs to be provided by PE or RA. If the reduction request relates to a Limited Alteration Application—LAA—then the affidavit may be provided by another licensee type, such as a licensed plumber.)

- _____, being duly sworn, deposes and says:
1. This affidavit is submitted in support of the request indicated in Section 1 of this form (Job and Request Information).
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 4. My inspection revealed that the following work, (*written description must be provided below with at least four (4) supporting photographs in order to be accepted for consideration*), filed for in the application, was completed without benefit of a permit. (*Photographs need to have been taken within two business days of inspection.*)

Internal Use Only — Preliminary Borough Review

Building Classification _____ Reduction Amt \$ _____

Name (please print) _____

Signature _____

Date _____

5

PE/RA/Other Licensee Applicant Data (Only required if reduction is requested)

Last Name	First Name	M.I.
Business Name		Phone
Address		
City	State	Zip Code
☐ PE	☐ RA	☒ Other _____ License No. _____

Name (please print) _____

Signature _____

Date _____

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.

PE / RA / Other Seal (apply seal, then sign and date over seal)

6

NotarizationState of New York, County of QUEENSSworn to before me this 11 day of April
2016

Notary Seal

Notary Signature

Owner or Authorized Designee Signature
Date**Internal Use Only****Borough Commissioner Review**☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason: _____

Name (please print) _____

1st Level Signature _____

Date _____

2nd Level Review—Fiscal☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

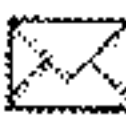
Approval/Denial Reason: _____ Tracking #: _____

Name (please print) _____

2nd Level Signature _____

Date _____



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NYC Department of Buildings
ECB Violation Details

Premises: 858 LINCOLN PLACE BROOKLYN
BIN: 3032682 Block: 1262 Lot: 33

Filed At: 858 LINCOLN PLACE , BROOKLYN , NY 11216
Community Board: 308

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 34176235P
Severity: NON-HAZARDOUS
Penalty Balance Due: \$0.00

Certification Status: NO COMPLIANCE RECORDED
Hearing Status: IN VIOLATION

Respondent Information

Name: CARBON HELIUS

Mailing Address: 858 LINCOLN PLACE , BKLYN , NY 11216

Violation Details

Violation Date: 06/24/1998 Violation Type: CONSTRUCTION
Served Date: 06/24/1998 Inspection Unit:

Infraction Codes	Section of Law	Standard Description
B04 27-147		WORK WITHOUT A PERMIT

Specific Violation Condition(s) and Remedy:
WORK WITHOUT A PERMIT. WORK NOTED: ILLEGAL EXTENSION ERECTED A REAR GROUND FLOOR OF PREMISES.
REMEDY: OBTAIN AND APPROVALS IF FEASIBLE OR RESTORE PREMISES PRIOR LEGAL CONDITION.

Issuing Inspector ID: 1058 DOB Violation Number: 050598C08HS02

Issued as Aggravated Level: NO

Dept. of Buildings Compliance History and Events

Certification Status: NO COMPLIANCE RECORDED Compliance On:

A Certificate of Correction must be submitted to the Administrative Enforcement Unit (AEU) for all violations. A violation that is not dismissed by ECB will continue to remain ACTIVE or "open" on DOB records until acceptable proof is submitted to the AEU, even if you have paid the penalty imposed by ECB.

ECB Hearing Information

Scheduled Hearing Date/Time: 10/19/1998 8:30

Hearing Status: IN VIOLATION

ECB Penalty Information

Penalty Imposed: \$500.00

Adjustments: \$0.00 Amount Paid: \$500.00

Penalty Balance Due: \$0.00

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Job # 340312799-01

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- ☐ **SWOE:** Where the ECB violation issued for violating the SWO was dismissed for any reason.

2 Location Information *(Required for all requests)*

House No(s)
858

Street Name
Lincoln Place

Borough
Brooklyn

Block
1262

Lot
33

BIN
3032682

CB No.
308

Work on Floor(s)
Cellar, Basement, 1-3

Apt/Condo No(s)

3 Owner Information *(Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)*

Last Name
Clements

First Name
Cheryl

M.I.

Business Name
NA

Phone
(646) 319-7323

E-mail Address
Cheryl.J.Clements@gmail.com

Address
858 Lincoln Place

City
Brooklyn

Zip Code
11216

4 Affidavit of Reduction (Only required if reduction is requested. Affidavit needs to be provided by PE or RA. If the reduction request relates to a Limited Alteration Application—LAA—then the affidavit may be provided by another licensee type, such as a licensed plumber.)

- _____, being duly sworn, deposes and says:
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 4. My inspection revealed that the following work, (written description must be provided below with at least four (4) supporting photographs in order to be accepted for consideration), filed for in the application, was completed without benefit of a permit. (Photographs need to have been taken within two business days of inspection.)

Internal Use Only — Preliminary Borough Review

Building Classification _____ Reduction Amt \$ _____

Name (please print) _____

Signature _____

Date _____

5 PE/RA/Other Licensee Applicant Data (Only required if reduction is requested)

Last Name _____ First Name _____ M.I. _____

Business Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

☐ PE ☐ RA ☒ Other _____ License No. _____

Name (please print) _____

Signature _____

Date _____

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PE / RA / Other Seal (apply seal, then sign and date over seal)

6 NotarizationState of New York, County of QUEENSSworn to before me this 11 day of April 2016

Notary Seal

Notary Signature [Signature]Owner or Authorized Designee Signature _____
Date _____**Internal Use Only****Borough Commissioner Review**☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason: _____

Name (please print) _____

1st Level Signature _____

Date _____

2nd Level Review—Fiscal☐ Approved ☐ Denied ☐ Reduction Amt \$ _____

Approval/Denial Reason: _____

Tracking #: _____

Name (please print) _____

2nd Level Signature _____

Date _____



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NYC Department of Buildings
ECB Violation Details

Premises: 858 LINCOLN PLACE BROOKLYN
BIN: 3032682 Block: 1262 Lot: 33

Filed At: 858 LINCOLN PLACE , BROOKLYN , NY 11216
Community Board: 308

ECB Violation Summary

VIOLATION OPEN

ECB Violation Number: 34296816J
Severity: NON-HAZARDOUS
Penalty Balance Due: \$0.00

Certification Status: NO COMPLIANCE RECORDED
Hearing Status: DEFAULT

Respondent Information

Name: OWNER OF 858 LINCOLN PL

Mailing Address: 858 LINCOLN PLACE , BK , NY 11216

Violation Details

Violation Date: 05/31/2001
Served Date: 05/31/2001

Violation Type: CONSTRUCTION
Inspection Unit:

Infraction CodesSection of LawStandard Description
B0427-147WORK WITHOUT A PERMIT

Specific Violation Condition(s) and Remedy:
WORK WITHOUT A PERMIT WORK NOTED:ILLEGAL EXLEUSION. ERECTED AT REAR GROUND FLOOR OF PROMISES
REMEDY:OBTAIN PRIOR LEGAL CONDITION.

Issuing Inspector ID:
Issued as Aggravated Level: NO

DOB Violation Number: 053101C08AP06

Dept. of Buildings Compliance History and Events

Certification Status: NO COMPLIANCE RECORDED
Compliance On:

A Certificate of Correction must be submitted to the Administrative Enforcement Unit (AEU) for all violations. A violation that is not dismissed by ECB will continue to remain ACTIVE or "open" on DOB records until acceptable proof is submitted to the AEU, even if you have paid the penalty imposed by ECB.

ECB Hearing Information

Scheduled Hearing Date/Time: 08/06/2001 10:30

Hearing Status: DEFAULT

ECB Penalty Information

Penalty Imposed: \$2,500.00
Adjustments: \$0.00
Penalty Balance Due: \$0.00

Amount Paid: \$3,100.00

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NYC Department of Buildings
Application Details

Premises: 858 LINCOLN PLACE BROOKLYN
BIN: 3032682 Block: 1262 Lot: 33

Job No: 340312799
Document: 01 OF 1
Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits		Schedule B
Fees Paid	Forms Received		All Comments		Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

Inspection Ready

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - PARTIAL JOB 12/17/2015 (Q)
Application approved on: 12/02/2015

Pre-Filed: 10/09/2015 Building Type: 1, 2, or 3 Family
Date Filed: 12/01/2015
Fee Structure: STANDARD
Review is requested under Building Code: 1968

Estimated Total Cost: \$325,600.00
Electronically Filed: Yes : Hub Self-Service

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 858 Street Name: LINCOLN PLACE
Borough: Brooklyn Block: 1262 Lot: 33 BIN: 3032682 CB No: 308
Work on Floor(s): CEL,BAS 001 thru 003 Apt/Condo No(s): Zip Code: 11216

2 Applicant of Record Information

Name: GIANNI INTILI
Business Name: STUDIO GI
Business Address: 150 WEST 25TH STREET SUITE 600 NEW YORK NY 10001
E-Mail: STUDIOGI@AOL.COM

Business Phone: 973-653-3956
Business Fax:
Mobile Telephone:
License Number: 023916

Applicant Type: ☐ P.E. ☒ R.A ☐ Sign Hanger ☐ R.L.A. ☐ Other

Directive 14 Applicant
Not Applicable
Previous Applicant of Record
Not Applicable

3 Filing Representative

Name: CAR/HEC/CAR/JU BAR/LOP/ALV/GO

Business Name: G+DESIGN CONSULTANTS

Business Address: 74-16 58TH AVENUE SUITE 1 MIDDLE VILLAGE
NY 11379

E-Mail: GPLUSDESIGNCONSULTANTS@GMAIL.COM

Business Phone: 917-971-3092

Business Fax:

Mobile Telephone:

Registration Number: X04996

4 Filing Status

[Click Here to View](#)

5 Job Types

- ☐ Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5)

☐ Alteration Type 1, OT "No Work"

☒ Alteration Type 2

☐ Alteration Type 3

☐ Sign

☐ New Building

☐ Full Demolition

☐ Subdivision: Improved

☐ Subdivision: Condo

Directive 14 acceptance requested? ☐ Yes ☒ No

6 Work Types

- ☐ BL - Boiler

☐ FP - Fire Suppression

☐ SP - Sprinkler

☒ OT - GEN. CONSTR.

☐ FA - Fire Alarm

☒ MH - Mechanical

☐ EQ - Construction Equipment

☐ FB - Fuel Burning

☒ PL - Plumbing

☐ CC - Curb Cut

☐ FS - Fuel Storage

☐ SD - Standpipe

7 Plans/Construction Documents Submitted

Plans Page Count: 0015

8 Additional Information

Enlargement proposed?

☒ No

☐ Yes

☐ Horizontal

☐ Vertical

9 Additional Considerations, Limitations or Restrictions

- Yes No

☐ ☒ Alt. required to meet New Building req's (28-101.4.5)

Yes No

☐ ☒ Alteration is a major change to exits

☐ ☒ Change in number of dwelling units

☐ ☒ Change in Occupancy / Use

☐ ☒ Change is inconsistent with current certificate of occupancy

☐ ☒ Change in number of stories
- ☐ ☒ Facade Alteration

☐ ☒ Adult Establishment

☐ ☒ Compensated Development (Inclusionary Housing)

☐ ☒ Low Income Housing (Inclusionary Housing)

☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling

☐ ☒ Filing includes Lot Merger / Reapportionment

☐ ☒ Infill Zoning

☐ ☒ Loft Board

☐ ☒ Quality Housing

☐ ☒ Site Safety Job / Project

☐ ☒ Included in LMCCC

Work Includes:

☐ ☒ Prefab wood I-joists

☐ ☒ Structural cold-formed steel

☐ ☒ Open-web steel joists

☒ ☐ Landmark

☐ ☒ Environmental Restrictions (Little E or RD)

☐ ☒ Unmapped/CCO Street

Landmark Docket Number: 177538

- ☐ ☒ Legalization
- ☐ ☒ Other, Specify:
- ☐ ☒ Filed to Comply with Local Law
- ☐ ☒ Restrictive Declaration / Easement
- ☐ ☒ Zoning Exhibit Record (I,II,III,etc)
- ☒ ☐ Filed to Address Violation(s)
- Violation No(s): 34176235P 34296816J 053101C08AP0

- ☒ ☐ Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]
- ☐ ☒ Work includes modular construction under New York State jurisdiction
- ☐ ☒ Work includes modular construction under New York City jurisdiction
- ☐ ☒ Structural peer review required per BC §1627 Peer Reviewer License No.(P.E.):
- ☐ ☒ Work includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☒ Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building
- ☐ ☒ Structural Stability affected by proposed work

BSA Calendar No.(s):
CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

- ☒ To the best of my knowledge, belief and professional judgment, this application is in compliance with the NYCECC.
- Code Compliance Path: ☒ NYCECC ☐ ASHARE
- Energy Analysis: ☒ Tabular ☐ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)

11 Job Description

HEREWITH FILING FOR INTERIOR RENOVATION AS PER PLANS. NO CHANGE TO USE, EGRESS OR OCCUPANCY

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R6 - GENERAL RESIDENCE DISTRICT

Overlay(s):

Special District(s):

Map No.: 17b Street legal width (ft.): Street status: ☐ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

			2014/2008 Code Designations?
Occupancy Classification:	Existing:	J-3 - RESIDENTIAL 1-2 FAMILY HOUSES	☐ Yes ☒ No
	Proposed:	J-3 - RESIDENTIAL 1-2 FAMILY HOUSES	☐ Yes ☒ No
Construction Classification:	Existing:	II-B: PROTECTED WOOD JOIST	☐ Yes ☒ No
	Proposed:	II-B: PROTECTED WOOD JOIST	☐ Yes ☒ No
Multiple Dwelling Classification:	Existing:		
	Proposed:		
Building Height (ft.):	Existing:	42	
	Proposed:	42	
Building Stories:	Existing:	4	
	Proposed:	4	
Dwelling Units:	Existing:	2	
	Proposed:	2	
Mixed use building?			☐ Yes ☐ No

14 Fill

☒ Not Applicable

☐ Off-Site

☐ On-Site

☐ Under 300 cubic yards

15 Construction Equipment
Not Applicable

16 Curb Cut Description
Not Applicable

17 Tax Lot Characteristics
Not Provided

18 Fire Protection Equipment
Not Applicable

19 Open Spaces

20 Site Characteristics

Yes	No	Yes	No
☐	☒ Tidal Wetlands	☐	☒ Freshwater Wetlands
☐	☒ Coastal Erosion Hazard Area	☐	☒ Urban Renewal
☒	☐ Fire District	☐	☒ Flood Hazard Area

Flood Hazard Area Information:

Yes	No
☐	☐ Substantial improvement?
☐	☐ Substantially damaged?
☐	☐ Floodshields part of proposed work?

21 Demolition Details
Not Applicable

22 Asbestos Abatement Compliance
☒ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).

23 Signs
Not Applicable

24 Comments

Comments for Document 01
"I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS."

25 Applicant's Statements and Signatures (See paper form or check **Forms Received**)

Yes	No
☐	☐ For New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation?
☐	☐ Directive 14 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.

26 Owner's Information

Name: CHERYL J CLEMENTS

Relationship to Owner:

Business Name: N/A

Business Phone: 646-319-7323

Business Address: 858 LINCOLN PLACE BROOKLYN NY 11216

Business Fax:

E-Mail: CHERYL.J.CLEMENTS@GMAIL.COM

Owner Type: INDIVIDUAL

Non Profit: ☐ Yes ☒ No

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Owner's Certification Regarding Occupied Housing (Remain Occupied) |
| ☐ | ☒ | Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization) |
| ☐ | ☐ | Owner DHCR Notification |
| ☐ | ☐ | Owner's Certification for Adult Establishment |
| ☐ | ☐ | Owner's Certification for Directive 14 (if applicable) |

Metes and Bounds

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.