



PW1: Plan / Work Application

Must be typewritten.

DEPT BLDGS Job No. 340657729



Scan Code ESHS2558581

1 Location Information Required for all applications.

House No(s) 772	Street Name 47 STREET			
Borough BROOKLYN	Block 768	Lot 35	BIN	C.B. No.
Work on Floor(s) CEL, 1, 2			Apt. / Condo No(s)	

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

Last Name LAM	First Name YUK	Middle Initial
Business Name LAM ENGINEER PC		Business Telephone (516) 308-2393
Business Address 47-45 45 STREET		Business Fax (866) 338-2060
City WOODSIDE	State NY	Zip 11377
E-Mail LAMENGINEERPC@GMAIL.COM		Mobile Telephone (917) 659-8195
License Number 081374		
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
E-Mail		Mobile Telephone
		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
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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, 8F, 9-10 & 12, 13C-F, 14, 18-19, 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 ☐ 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
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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 \$
								☐ No enlargement is proposed	8D	Street Frontage: linear ft.
								☐ Yes 12, PD1	8E	Height: ft. Width: ft.
								☐ Horizontal ☐ 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

☐ Yes ☐ No ☐ Yes ☐ No

9B ☐ ☐ Alteration required to meet New Building requirements (28-101.4.5) *If yes, 13A-B*

☐ ☐ Alteration is a major change to exits

9C ☐ ☐ 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 jurisdiction

9I High Rise Team tracking #:

9J ☐ ☐ 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 systems

9L ☐ ☐ 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 ☐ 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.

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>
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12C Proposed:	Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
		sq. ft.			Lot Type: ☐ Corner ☐ Interior ☐ Through	Check here if no yards: ☐ 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? ☐ Yes ☒ No	Side Yard 2 _____ ft.
		sq. ft.			<i>If yes, no. of parking spaces:</i> _____	
		sq. ft.			Perimeter Wall Height _____ ft.	
Proposed Totals		sq. ft.				
Existing Total		sq. 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)					
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13B	Existing	Proposed	13D Building Type: ☐ 1, 2, or 3 Family ☐ Other
Structural Occupancy/Risk Cat.			Mixed use building?† ☐ Yes ☐ No
Seismic Design Cat.	2014 Code Designations?	2014 Code Designations?	
13C Occupancy Classification*	☐ Yes ☐ No	☒ Yes**	13E
Construction Classification	☐ Yes ☐ No	☐ Yes ☐ No	Existing
Multiple Dwelling Classification			Proposed
			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	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
 Type: ☐ Illuminated 23A ☐ Non-Illuminated
 Estimated Cost: \$ _____
 Total Square Feet: _____
 Height above Curb: _____ ft. in.
 Height above Roof: _____ ft. in.
 Location: ☐ Ground ☐ Roof 23B ☐ Wall
 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.*

AMEND PLAN AND SCHEDULE B

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): YUK LAM 374 04.29.14
 Sign and Date: [Signature]
 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 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. 340657729



Scan Code ESHS9493584



1 Location Information Required for all applications.

House No(s) 772 Street Name 47 STREET

Borough BROOKLYN

Block 768

Lot 35

BIN 3012427

CB No.

Work on Floor(s) CEL, 001, 002

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

Filing components/fixtures? ☐ Yes ☒ No

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$

Cost: \$

Cost: \$

Total sprinkler heads in 8B:

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:

☒ Replace or Relocate

Describe all:

REMOVE ALL EXISTING PLUMBING FIXTURES AT
CEL,001,002 FL

REPLACE (2) GAS METER BARS AT CEL

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

Total Location(s), floor/apt. - list all that apply:
Meters total: 3 CEL (2 EXIST., 1 NEW)

Risers total: 3

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.

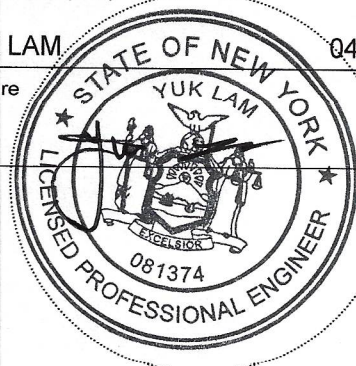
Name (please print)

YUK LAM

04.29.19

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															
		CEL	001	002	OSP												
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																
	P Water Service Piping																
	E Sewer Ejection Pump																
	E Submeters																
	F Bathtubs/Whirlpools/Hot Tub/Sauna		2	2													
	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		0														
	F Stall Shower		1	0	0												
	F Tankless Coil																
	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				1												
	F Detention Tank																
	F Dry Well/Retention																
	F Roof Drain																
8F Gas (PL)	P* Gas Piping																
	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																
8G Medical (PL)	F Gas Water Heater		3														
	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test *may* be required.