



**PAA DOC 2**  
**PW1: Plan / Work Application**  
*Must be typewritten.*

☒ Orient and affix BIS job number label here ☒

|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 Location Information</b> <i>Required for all applications.</i>                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| House No(s) 588                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | Street Name QUINCY STREET                                                                                                                              |                                                                                                                                                                                                                            |
| Borough BROOKLYN                                                                                                                                                                                                                                                                                                                                               | Block 1629                                                                                                                                    | Lot 30                                                                                                                                                 | BIN 3044484                                                                                                                                                                                                                |
| Work on Floor(s) CEL,001,002,003                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               | C.B. No.                                                                                                                                               |                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | Apt. / Condo No(s)                                                                                                                                     |                                                                                                                                                                                                                            |
| <b>2 Applicant Information</b> <i>Required for all applications. Fax, mobile telephone and e-mail address are optional information.</i>                                                                                                                                                                                                                        |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| Last Name CHUNG                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | First Name CHI WAI                                                                                                                                     |                                                                                                                                                                                                                            |
| Business Name L & C ASSOCIATES                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               | Middle Initial                                                                                                                                         |                                                                                                                                                                                                                            |
| Business Address 36-54 MAIN ST SUITE 2A                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               | Business Telephone (718) 690-3660                                                                                                                      |                                                                                                                                                                                                                            |
| City FLUSHING                                                                                                                                                                                                                                                                                                                                                  | State NY                                                                                                                                      | Zip 11354                                                                                                                                              | Business Fax                                                                                                                                                                                                               |
| E-Mail EFILE@LNCARCH.COM                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               | Mobile Telephone                                                                                                                                       |                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | License Number 098751                                                                                                                                  |                                                                                                                                                                                                                            |
| Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> R.L.A. <input type="checkbox"/> Other:                                                                                                                                                                        |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <b>3 Filing Representative</b> <i>Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.</i>                                                                                                                                                                                                       |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| Last Name LAM/LAM/WONG                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               | First Name RONNY/JUDY/KIM                                                                                                                              |                                                                                                                                                                                                                            |
| Business Name FIVE BORO CONSULTING & EXPEDITING                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | Middle Initial                                                                                                                                         |                                                                                                                                                                                                                            |
| Business Address 36-54 MAIN STREET SUITE 2A                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               | Business Telephone (718) 690-3660                                                                                                                      |                                                                                                                                                                                                                            |
| City FLUSHING                                                                                                                                                                                                                                                                                                                                                  | State NY                                                                                                                                      | Zip 11354                                                                                                                                              | Business Fax                                                                                                                                                                                                               |
| E-Mail INFO@LNCARCH.COM                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               | Mobile Telephone                                                                                                                                       |                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | Registration Number                                                                                                                                    |                                                                                                                                                                                                                            |
| <b>4 Filing Status</b> <i>Required for all applications. Choose one and provide specified associated information.</i>                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Initial Filing</b> 5, 7, 11, 12A, 25-26<br>Choose only one:<br><input type="checkbox"/> Standard Plan Examination or Review<br><input type="checkbox"/> Professional Certification PC1, POC1<br><input type="checkbox"/> Professional Certification of Objections A11                                                              |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Prior to Approval Actions</b> 25-26<br><input type="checkbox"/> Amend Existing Filing 4A<br><input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11                                                                                                                                                                    |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input checked="" type="checkbox"/> <b>Post Approval Amendment (PAA)</b> 4A, 6, 24-25<br>Will PAA affect filing fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                      |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>New (Superseding) Applicant</b> 4A, 25-26                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Reinstatement</b> 24-26<br><input type="checkbox"/> <b>Withdrawal</b> 26<br><input type="checkbox"/> Specified in 4A and 6<br><input type="checkbox"/> Entire Job<br>4A Indicate existing document number affected by filing: 01                                                                                                   |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <b>5 Job/Project Types</b> <i>Choose one and provide specified associated information.</i>                                                                                                                                                                                                                                                                     |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5)</b> 6A-E, 8B-C, 8F, 9-10, 12, 13C-F, 14, 18-20, 22 & PW1A, PD1<br><input type="checkbox"/> <b>Alteration Type 1, OT: "No Work"</b> 8C, 8F, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1                                               |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Alteration Type 2</b> 5A, 6A-D, 8A-B, 9-10, 13C-E, & 14, 20, 22<br><input type="checkbox"/> <b>Alteration Type 3</b> 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22<br><input type="checkbox"/> <b>New Building</b> 6A-E, 8F, 9A, 9C-K, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1<br><input type="checkbox"/> <b>Sign</b> 5A, 6B-D, 9A, 9D, 22-23    |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <input type="checkbox"/> <b>Full Demolition</b> 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22<br><input type="checkbox"/> <b>Subdivision</b> 9A, 9D, 12A-B<br><input type="checkbox"/> <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17<br>5A Directive 14 acceptance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| <b>6 Work Types</b> <i>Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.</i>                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                            |
| 6A <input type="checkbox"/> BL - Boiler PW1C<br><input type="checkbox"/> FA - Fire Alarm<br><input type="checkbox"/> FB - Fuel Burning PW1C                                                                                                                                                                                                                    | <input type="checkbox"/> FS - Fuel Storage PW1C<br><input type="checkbox"/> FP - Fire Suppression<br><input type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing PW1B<br><input type="checkbox"/> SD - Standpipe PW1B<br><input type="checkbox"/> SP - Sprinkler PW1B | 6E <input type="checkbox"/> CC - Curb Cut 16<br><input type="checkbox"/> OT/LAN - Landscape                                                                                                                                |
| 6B <input type="checkbox"/> EQ - Construction Equipment 15                                                                                                                                                                                                                                                                                                     | 6C <input checked="" type="checkbox"/> OT/GC - General Construction                                                                           | 6D <input type="checkbox"/> OT - Other, describe:                                                                                                      | 6F <input type="checkbox"/> OT/ANT - Antenna<br><input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D<br><input type="checkbox"/> OT/FPP - Fire Protection Plan<br><input type="checkbox"/> 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 \$                  |
|    |    |      |    |      |    |      |    | <input type="checkbox"/> No enlargement is proposed                   | 8D | Street Frontage: linear ft.            |
|    |    |      |    |      |    |      |    | <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

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☐ ☐ Change in number of dwelling units☐ ☐ Change in occupancy / use☐ ☐ Change is inconsistent with current certificate of occupancy☐ ☐ Change in number of stories9C ☐ ☐ 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*☐ ☐ Infill Zoning☐ ☐ Loft Board☐ ☐ Quality Housing☐ ☐ Site Safety Job/Project☐ ☐ Included in LMCCC

Yes No Work Includes:

☐ ☐ Prefab wood I-joists☐ ☐ Structural cold-formed steel☐ ☐ Open-web steel joists9D ☐ ☐ 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):☐ ☐ Filing to address violations (list #s—max. 5):☐ ☐ Filing to comply with Local Laws (list #s—max. 2)

LL Number

Year

☐ ☐ 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 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.

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

11B Primary application job no. \_\_\_\_\_

|                                                                 |  |  |  |                                                                                                                                                                                                       |  |          |  |     |  |                                                                                                              |  |                                                     |  |
|-----------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|-----|--|--------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------|--|
| <b>12 Zoning Characteristics</b>                                |  |  |  |                                                                                                                                                                                                       |  |          |  |     |  |                                                                                                              |  |                                                     |  |
| 12A District(s)<br>Overlay(s)<br>Special Dist.(s)<br>Map Number |  |  |  | 12B Street legal width: _____ ft.<br>Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private<br><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i> |  |          |  |     |  |                                                                                                              |  |                                                     |  |
| 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.                                                                                                                                                                                               |  |          |  |     |  | If yes, no. of parking spaces: _____                                                                         |  |                                                     |  |
| <b>Existing Total</b>                                           |  |  |  | sq. ft.                                                                                                                                                                                               |  |          |  |     |  | Perimeter Wall Height _____ 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. <sup>2</sup> 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 type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other<br>Mixed use building? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |          |  |
| Structural Occupancy/Risk Cat.                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                          |  |                                                          |  | 13E                                                                                                                                                                          |  |          |  |
| Seismic Design Cat.                                                                                                                                                                                                                                                                                                                                                                                                           |  | 2014 Code Designations?                                  |  | 2014 Code Designations?                                  |  | Existing                                                                                                                                                                     |  | Proposed |  |
| 13C Occupancy Classification*                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input checked="" type="checkbox"/> Yes**                |  | Building Height                                                                                                                                                              |  | ft.      |  |
| Construction Classification                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Building Stories                                                                                                                                                             |  | ft.      |  |
| Multiple Dwelling Classification                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                          |  |                                                          |  | Dwelling Units                                                                                                                                                               |  |          |  |
| 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<br>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 |  |                                                          |  |                                                          |  |                                                                                                                                                                              |  |          |  |

|                                                                                                                                                           |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>14 Fill Choose one.</b>                                                                                                                                |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards |  |  |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                             |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>15 Construction Equipment</b>                                                                                                                                                                                                                                            | <b>16 Curb Cut Description</b>                                                                    |
| <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Fence <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____<br>Construction Material: _____<br>Size: _____ linear ft. BSA/MEA Approval No. _____ | Size of cut (with splays): _____ ft.<br>Distance to nearest corner: _____ ft.<br>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):                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                          |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |          |          |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table> |                                     |                          |                          |                          |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | 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"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                          |                          |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |          |          |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | 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. \_\_\_\_\_  
☐ 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: \$               | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect       |
| <input type="checkbox"/> Advertising                                                                      | <input type="checkbox"/> Illuminated 23A | Total Square Feet: _____         | Yes No                                                                                                                          |
| <input type="checkbox"/> Non-Advertising                                                                  | <input type="checkbox"/> Non-Illuminated | Height above Curb: _____ ft. in. | <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> |
| Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall | Height above Roof: _____ ft. in.         |                                  | 23B <input type="checkbox"/> Is roof sign tight, closed or solid?                                                               |
| Yes No                                                                                                    |                                          |                                  | 23C Sign wording. <i>If extensive, provide only key wording.</i>                                                                |
| <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by: _____ ft. in.</i>      |                                          |                                  | 23D Distance from Arterial Highway: _____ ft.                                                                                   |
| <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>                                  |                                          |                                  | 23E Distance from Park 1/2 acre or more: _____ ft.                                                                              |
| <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>        |                                          |                                  | 23F OAC Sign Number: _____                                                                                                      |
| <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>           |                                          |                                  | 23G OAC Registration Number: _____                                                                                              |
| <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</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*

**24 Comments** *Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.*

TO AMEND SCH B  
TO AMEND PLANS

**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 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 understand 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): **CHI WA CHUNG**  
 Sign and Date: **6/7/19**

P.E. / R.A. Seal (apply seal, title, 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: \_\_\_\_\_

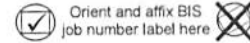
E-Mail Address: \_\_\_\_\_



PW1B: Schedule B  
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of



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

House No(s) 588 Street Name QUINCY STREET

Borough BROOKLYN

Block 1629

Lot 30

BIN 3044484

CB No. 303

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: \$ 55,500.00

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:

**6 Gas and Gas Equipment Data**

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:  
RANGE, HWH, DRYER

Total Location(s), floor/apt. - list all that apply:  
Meters total: 6 CEL (EX)

Risers total: 6 CEL THRU 003

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)  
CHI WAI CHUNG

Signature  


Date  
6/7/19



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

**8 Equipment Information** *For new work only.*

| System (work type)                                        | Components<br>(Piping / Equipment / Fixture) | Floors indicate no. of proposed components and/or "X" for piping |     |     |     |
|-----------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------|-----|-----|-----|
|                                                           |                                              | CEL                                                              | 001 | 002 | 003 |
| 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                    |                                                                  |     |     |     |
| 8D Water/San. (PL)                                        | F Siamese FDC                                |                                                                  |     |     |     |
|                                                           | P* Sanitary Piping (Soil & Venting)          | 1                                                                | 1   | 1   | 1   |
|                                                           | P* Water Piping                              | 1                                                                | 1   | 1   | 1   |
|                                                           | P Water Service Piping                       |                                                                  |     |     |     |
|                                                           | E Sewer Ejection Pump                        |                                                                  |     |     |     |
|                                                           | E Submeters                                  |                                                                  |     |     |     |
|                                                           | F Bathtubs/Whirlpools/Hot Tub/Sauna          |                                                                  | 2   | 2   | 2   |
|                                                           | F Bidet                                      |                                                                  |     |     |     |
|                                                           | F Chiller/Cooler                             |                                                                  |     |     |     |
|                                                           | F Dishwasher                                 |                                                                  |     |     |     |
|                                                           | F Domestic Water Tank/Pump                   |                                                                  |     |     |     |
|                                                           | F Drinking Fountain                          |                                                                  |     |     |     |
|                                                           | F Floor Drain                                | *2                                                               |     |     |     |
|                                                           | F Grease Trap/Oil Separator/GRD              |                                                                  |     |     |     |
|                                                           | F Ice Maker                                  |                                                                  |     |     |     |
|                                                           | F In-sink Garbage Disposal                   |                                                                  |     |     |     |
|                                                           | F Lavatory (Common Wash Basin)               |                                                                  | 2   | 2   | 2   |
|                                                           | F Laundry - Standpipe                        |                                                                  |     |     |     |
|                                                           | F Pool                                       |                                                                  |     |     |     |
|                                                           | F RPZ/Backflow Preventer (Primary)           |                                                                  |     |     |     |
|                                                           | F RPZ/Backflow Preventer (Secondary)         |                                                                  |     |     |     |
|                                                           | F Sink - Non Residential                     |                                                                  |     |     |     |
|                                                           | F Sink - Residential                         |                                                                  | 2   | 2   | 2   |
|                                                           | F Stall Shower                               | *2                                                               | *2  | *2  |     |
|                                                           | F Tankless Coil                              |                                                                  |     |     |     |
|                                                           | F Toilet (Water Closet)                      |                                                                  | 2   | 2   | 2   |
|                                                           | 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   | 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)            |                                                                  | 2   | 2   | 2   |
|                                                           | F Gas Boiler (<350K, non-comm, <6 family)    |                                                                  |     |     |     |
|                                                           | F Gas Burner                                 |                                                                  |     |     |     |
|                                                           | F Gas Dryer                                  | *1                                                               |     |     |     |
|                                                           | F Gas Furnace                                |                                                                  |     |     |     |
|                                                           | F Gas Meter                                  |                                                                  |     |     |     |
|                                                           | F Gas Water Heater                           | 6                                                                |     |     |     |
| 8G Medical (PL)                                           | P* Medical Gas Piping                        |                                                                  |     |     |     |
|                                                           | E Assorted Medical Equipment                 |                                                                  |     |     |     |

\*\* Must be off domestic.

\* Indicates test *may* be required.