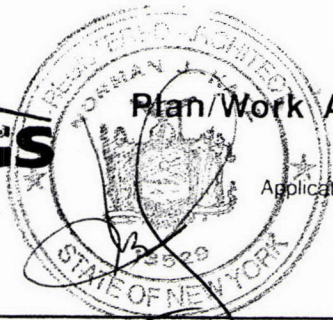


NYC BUILDINGS



Plan/Work Approval Application

FIRE DEPARTMENT

PLANS APPROVED on

Internal Use

Job Number

Application Must Be Typewritten

DATE: 9-20-07 PER FDP #:

1861-07

EXAMINER: Chaly

NOTE: FINAL APPROVAL IS SUBJECT TO INSPECTION AND TESTS. DOES NOT REPRESENT



DEPT. BLDGS 410005890 Job Number



SC070830010

Scan Code

1 Filing Status

Select one and complete sections indicated

☒ Initial Filing 2,3,4,5,6	☐ Subsequent Filing 2,3,4,5,7A,8,9,16	Job
☐ Job involves a development project.		
☐ Job involves tract housing/cluster.		
Number of buildings One	Additions	
Project Name	I am the original applicant applying for additional approvals.	
Project I.D. RESERVED FOR Q.C.B.	I am a subsequent applicant taking responsibility for the items specified herein.	

Changes
Amendment
Reinstatement
Withdrawal

2 Location

Borough Queens	Block 9509	Lot(s) 58	BIN 4201552	C.B. No. 410
House No(s) 105-05	Street Name Liberty Avenue	Apt/Condo No(s)		
Special Place Name	Floor(s) 1			

3 Applicant

The following information represents a change to the original filing

Last Name Katz	First Name Norman	M.I.
Business Name N.J. Katz & Associates, Inc.	Business Phone (212) 677 1940	
Address 500-C Grand Street, Suite 12E	City New York	State NY ZIP 10002
PE ☒ R.A. ☐ Other:	Lic. No. 13529	

4 Filing Representative

Complete if different from applicant

Last Name Perafan/Tolstenyuk/Chochrun	First Name Alex/Val/Kathy	M.I.
Business Name BG & Associates	Business Phone (212) 677 1940	
Address 138 Second Avenue	City New York	State NY ZIP 10003

5 Additional Considerations

☒ Directive 14 Acceptance Requested	☒ Old Code Review Requested	☐ Infill Zoning	☐ Quality Housing	☐ Site Safety Job
Legalization of work done after 1/1/89		Application is being made to comply with:		Local Law 5 of 1973
				Local Law 16 of 1984

6 Initial Filing

Complete sections and schedules indicated to the right of only one selected job type.

☐ New Building	8,9,10,15,16, Schedule A	Subdivision: 9	Special Status, Limitations or Restrictions		
☒ Alteration	7	Improved Property	Restrictive Declaration:	Landmark	Single Room Occupancy
☐ Demolition	8,9,10D	Unimproved Property	Reel	BSA Calendar Number	
☐ Sign	7A,8,9,10A,12	Condominiums	Page No.	CPC Calendar Number	
Place of Assembly 11	Related Job Number:	Other:			

7 Alterations

Indicate type of alteration and complete appropriate sections and schedules.

Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A			Select One:	New C of O	Amended C of O
Change to	Occupancy/Use	Room Count/Dwelling Units	Egress	Partial Demolition	
Enlargement:	Horizontal	Vertical			
Alteration - Type II Complete 7A and indicated sections and schedules.			Select One:	☒ Equipment Installation	Equipment Repair / Modification
☒ PL Plumbing	9,10D,PW-1B	FB Fuel Burning	9, PW-1C	SP - Sprinkler	9,10A,10B,10C,14, PW-1B
MH Mech / HVAC	9,10A	FS Fuel Storage	9, PW-1C	FA Fire Alarm	9,14
BL Boiler	9,PW-1C	SD Standpipe	9,10A,10B,10C,14	☒ FP Fire Suppression	9,14
Alteration - Type III Complete sections 7A,8 (EQ, CC, or OT work types only), 9,10A,10B,10C,10D)					

Part A Job Description (Required for all alterations)

Estimated Cost Total \$ 3,000	Work Type Costs (Alteration Type II only):	FP \$ 2,000.00	PL \$ 1,000.00	\$
Install Fire Suppression System Only.				
No Change In Use, Egress, or Occupancy				

Alteration Jobs only	Proposed Additional Floor Area	sq. ft.	☒	Structural Stability will not be affected by this alteration
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8 Work Types Submitted Check only those items submitted by applicant at this time, if any.						9 Plans Submitted												
☒	PL	Plumbing	-	PW-1B		☐	SP	Sprinkler	-	14	PW-1B		☐	ZO	Zoning	☒	ME	Mechanical
	MH	Mech. HVAC	-				FA	Fire Alarm	-	14			☐	AR	Architectural		PL	Plumbing
	BL	Boiler	-	PW-1C			EO	Construction Equip	-	13			☐	ST	Structural		FO	Foundation
	FB	Fuel Burning	-	PW-1C	☒		FP	Fire Suppression	-	14			☐	NP	No Plans			
	FS	Fuel Storage	-	PW-1C			CC	Curb Cut	-	7A. Indicate total linear feet				ft				
	SD	Standpipe	-	14			OT	Other	-	Description:								

10 Building Characteristics		
Part A		
Zoning District(s)	c2-2	Special District Name
		Map Number 18A

Part B Occupancy Classification											
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)			G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)	☒	☒		Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				

Multiple Dwelling Classification (required for all J-1 and J-2 classifications)

Part C Construction Classification											
Ex	Pr	Non-Combustible		Ex	Pr	Combustible		Ex	Pr	Old Code	
		I-A	4 Hour Protected			II-A	Heavy Timber			1	Fireproof Structures
		I-B	3 Hour Protected			II-B	Protected Wood Joist			2	Fire-protected Structures
		I-C	2 Hour Protected			II-C	Unprotected Wood Joist	☒	☒	3	Non-fireproofed Structures
		I-D	1 Hour Protected			II-D	Protected Wood Frame			4	Wood Frame Structures
		I-E	Unprotected			II-E	Unprotected Wood Frame			5	Metal Structures
										6	Heavy Timber Structures

Part D						
Number of Stories	2	Ex	Pr	Fire Protection Equipment	Voluntary	Required
Street Frontage Dimension (Demolitions only)				Standpipe		
Height	22' ±			Sprinkler		
Number of Dwelling Units	N/A			Fire Alarm System		

Part E					
Site Area Characteristics				Open Spaces	
	Tidal/Fresh Water Wetlands		Flood Plains		Loading Berths
	Urban Renewal		Fire District		Parking
Total Gross Floor Area of Building		sq. ft.		Number of: Parking Spaces	
				Loading Berths	

11 Place of Assembly					
Proposed Number of Persons			Old PA Number		
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.					
Last Name		First Name		M.I.	Title
Business Name				Business Phone ()	
Address		City		State	ZIP

12 Signs					
Select One:		☐ Illuminated		☐ Non-Illuminated	
Type of Sign		Ground	Wall	Roof	Roof Sign is tight, closed or solid
Height above roof level	ft.	in.	Weight	lbs.	
Projection Beyond the Building Line	ft.	in.	Total Square Footage of Sign		
sq. ft.			sq. ft.		
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.					
Last Name		First Name		M.I.	Title
Business Name				Business Phone ()	
Address		City		State	ZIP

13 Construction Equipment

Sidewalk Shed	Scaffold	Chute	Fence	Other:
Material of Construction	BSA/MEA Approval Number	Sidewalk Shed/Linear Feet		

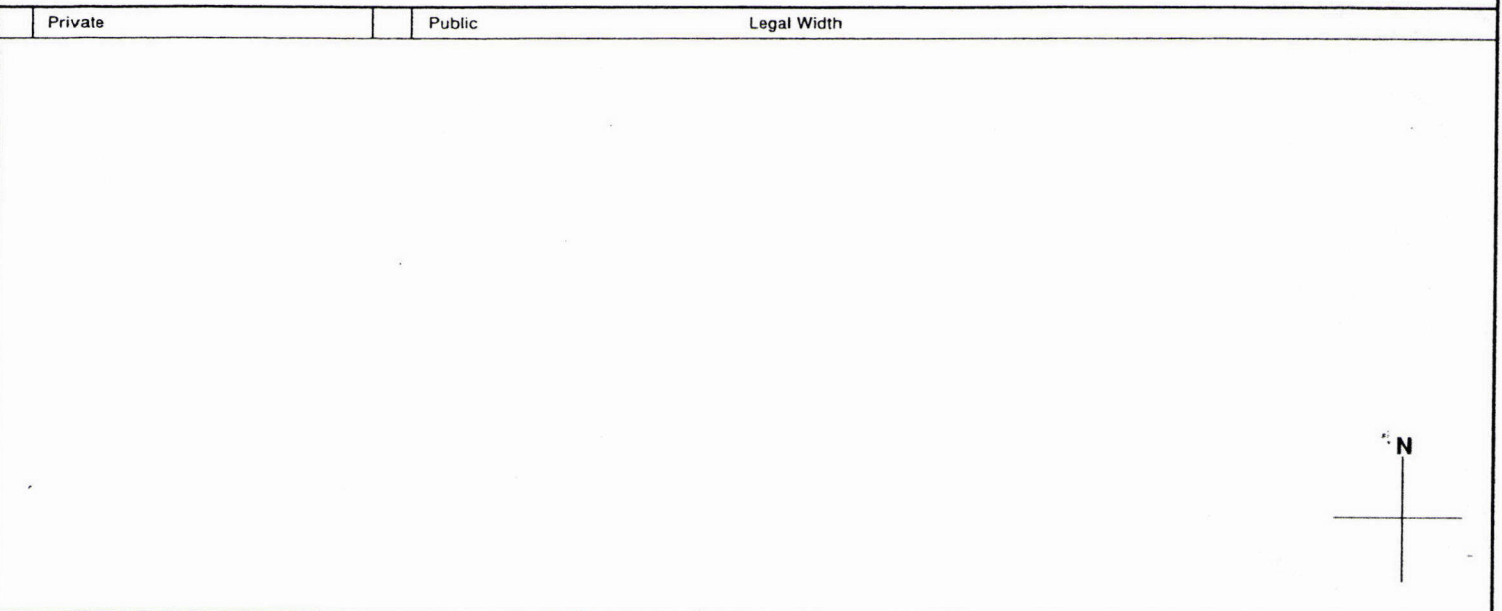
14 Fire Protection Equipment

SP Sprinkler		Automatic		Non-Automatic		Entire		Partial
FA Fire Alarm System		Automatic		Non-Automatic		Entire		Partial
SD Standpipe						Entire		Partial
Fire Suppression	X	Automatic		Non-Automatic		Entire	X	Partial

15 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, property identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status

Private	Public	Legal Width
		

Description of Land and Premises

The Zoning Lot on which the premises is located is bounded as follows:

BEGINNING at a point on the	side of	distant	feet
of the corner formed by the intersection of		and	
running thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
to the point of beginning.			

16 Comments

For New Buildings - Ultimate Number of Stories proposed:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Statement and Signatures	
Applicant's Statements All applicants must complete and sign below ☒ I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations. except as set forth in the accompanying documents. Tract Housing Statement Complete if applicable and sign below Reference Job Number _____ I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein. Applicant ☒ I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Name <u>Norman J. Katz pres for N.J Katz & Assoc. Inc</u> Signature _____ Seal (P.E. or R.A.) 	Owner's Statements ☒ I have authorized the applicant to file this application for the work specified herein and all future amendments. Owner's Certification Regarding Occupied Housing Accommodations The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code. Yes ☐ No ☒ The owner has notified DHCR of his intention to [file such plans/apply for such permit] and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application]. Yes ☐ No ☒ Date DHCR notified: _____ Fee Exemption Request Statement In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section. Owner Type of Ownership ☒ Individual ☐ Corporation ☐ Partnership ☐ Non-Profit Government Last Name _____ First Name _____ M.I. _____ Marine Dave Title <u>Managing Agent</u> Business Name/Agency <u>105-05 Liberty Avenue</u> Address <u>105-05 Liberty Avenue</u> City <u>Queens</u> State <u>NY</u> ZIP <u>11417</u> Phone <u>(917) 578 2878</u> Name of Signator <u>Dave Marine</u> Relationship to Building Owner <u>Managing Agent</u> Signature _____ Date <u>7/24/07</u> If Corporation, name of second officer Last Name _____ First Name _____ M.I. _____ Title _____ Address _____ City _____ State _____ ZIP _____ Phone () _____
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code 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.	

Internal Use	
Application Complete for Filing and Fee Estimation Amount Due _____ Cost Estimate (If different from applicant) _____ Pre-Filer Name _____ Date _____ Initial Amount Paid _____ Verified By _____ Date _____ Balance Paid _____ Verified By _____ Date _____ Stamps and Certifications: _____	Approvals Examined and Recommended for Approval Approved for ☐ Foundation ☐ Earthwork Only Examiner Name _____ Examiner Signature _____ Date _____ Limitation(s): (To appear on permit) _____ _____ _____ Other Approvals Examiner Name _____ Examiner Signature _____ Date _____ Approved Borough Superintendent Signature _____ Date _____