



Plan/Work Approval Application

Application Must Be Typewritten

Patrick Allen

DEPT. BLDGS	410020846	Job Number
SC071005001		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 involves a development project.	Job Number
Job involves tract housing/cluster.	Work Type Suffix
Number of buildings	Additions
Project Name	I am the original applicant applying for additional approvals.
Project I.D.	I am a subsequent applicant taking responsibility for the items specified herein.
RESERVED FOR D.O.B.	Changes
	Amendment
	Reinstatement
	Withdrawal

2 Location				
Borough QUEENS	Block 4728	Lot(s) 74	BIN 4107284	C.B. No. 407
House No(s). 155-05	Street Name 16 DRIVE		Apt./Condo No(s).	
Special Place Name			Floor(s) OSP	

3 Applicant		The following information represents a change to the original filing	
Last Name ALLEN	First Name PATRICK	M.I. E.	
Business Name PATRICK E. ALLEN ARCHITECT, PC		Business Phone (718) 328-9335	
Address 805 EAST 163RD STREET	City BVRONX	State NY	ZIP 10456
P.E. ☒	RA ☐	Other ☐	Lic. No. 23658

4 Filing Representative Complete if different from applicant.			
Last Name ALDO	First Name EVANGELISTA	M.I.	
Business Name		Business Phone ()	
Address 155-05 16 DRIVE	City BRONX	State NY	ZIP 10456

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
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	EQ Construction Equip. - 13	
MH Mech/HVAC - 9,10A	FS Fuel Storage - 9,PW-1C	FA Fire Alarm - 9,14	OT Other - 9, Describe below:	
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 \$	Work Type Costs	(Alteration Type II only):	\$	\$
FILING FOR APPROVAL OF AWNING AT REAR YARD.				
Alteration Job only:	Proposed Additional Floor Area 0	sq. ft.	☒	Structural Stability will not be affected by this alteration.

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	☐	EQ	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: GENERAL CONSTRUCTION						

10 Building Characteristics																
Part A																
Zoning District(s) R3-1				Special District Name				Map Number 7D								
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 25'						Sprinkler										
Number of Dwelling Units 2						Fire Alarm System										
Part E																
Site Area Characteristics								Open Spaces								
	Tidal/Fresh Water Wetlands				Flood Plains				Loading Berths		sq. ft.		Plaza		sq. ft.	
	Urban Renewal				Fire District				Parking		sq. ft.		Arcade		sq. ft.	
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

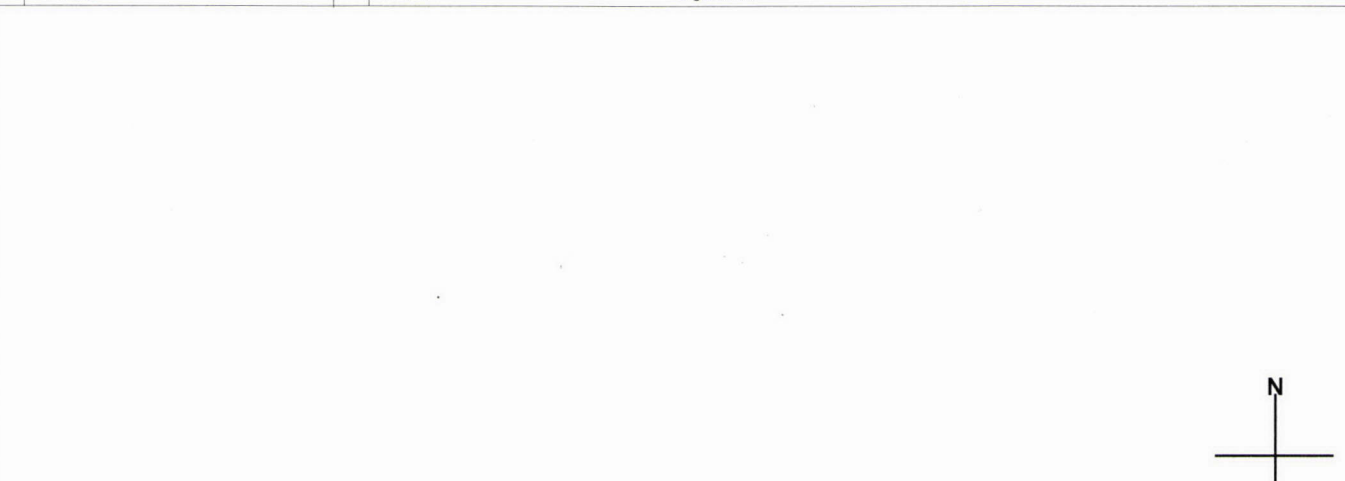
12 Signs			
Select One:		☐ Illuminated	☐ Non-Illuminated
Type of Sign:	☐ Ground	☐ Wall	☐ Roof
Roof Sign is tight, closed or solid			
Height above roof level	ft.	in.	Weight lbs.
Projection Beyond the Building Line	ft.	in.	Total Square Footage of Sign
		sq. ft.	
Lessee or Individual Responsible for Annual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

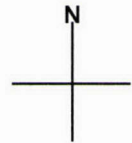
13 Construction Equipment

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

14 Fire Protection Equipment

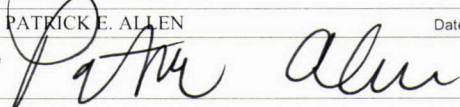
Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings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

Street Status		
Private	Public	Legal Width
		



16 Comments

For New Buildings - Ultimate Number of Stories proposed:

Statements 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.	Owner's Statements ☒ I have authorized the applicant to file this application for the work specified herein and all future amendments.
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.	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
Applicant ☒ I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Name PATRICK E. ALLEN Date 10/29/2007 Signature  Seal (P.E. or R.A.) 	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. LUISA EVANGELISTA Title OWNER Business Name/Agency _____ Address 155-05 16 DRIVE City QUEENS State NY ZIP 11357 Phone (718) 746-1014 Name of Signator LUISA EVANGELISTA Relationship to Building Owner SELF Signature _____ Date 10/29/07 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 _____