



Plan/Work Approval Application

Application Must Be Typewritten
Patrick Allen



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 2881	Lot(s) 10	BIN 4065438	C.B. No. 404	
House No(s). 8508	Street Name 56 AVENUE		Apt./Condo No(s).		
Special Place Name			Floor(s) SECOND		

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

4 Filing Representative Complete if different from applicant.					
Last Name OVALLES	First Name LILIANA	MI			
Business Name PATRICK E. ALLEN ARCHITECT, PC	Business Phone (718) 328-9335				
Address 805 EAST 163RD STREET	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	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	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	GENERAL CONSTRUCTION		
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 \$ 8,000	Work Type Costs (Alteration Type II only):	\$	\$	\$	\$
FILING FOR APPROVAL OF ENLARGEMENT OF EXISTING LIVING ROOM AT SECOND FLOOR. NO CHANGE IN USE, EGRESS OR OCCUPANCY.					
Alteration Jobs only:	Proposed Additional Floor Area 150.12	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: ENLARGEMENT						

10 Building Characteristics																			
Part A																			
Zoning District(s) R4								Special District Name				Map Number 13C							
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 32'										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	
Business Name		M.I.	
Address		Title	
City		Business Phone ()	
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		City		Business Phone ()		State	
Address		State		ZIP			

13 Construction Equipment

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

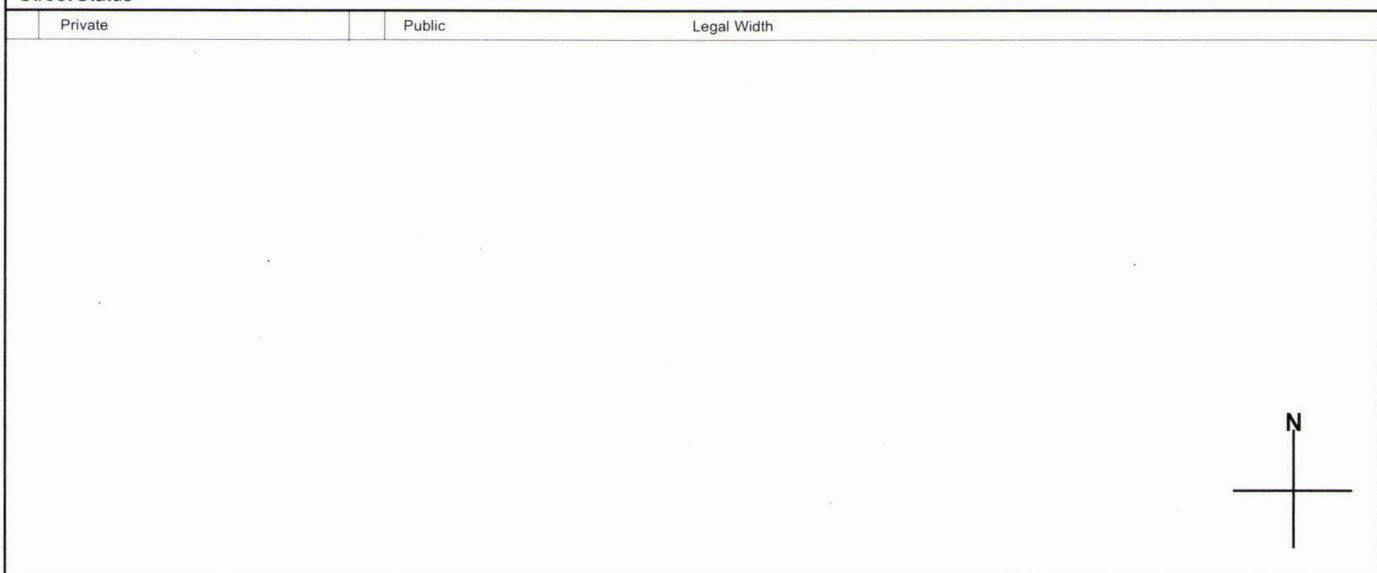
14 Fire Protection Equipment

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

Description of Land and Premises

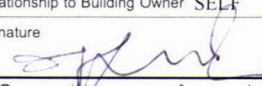
The Zoning Lot on which the premises is located is bounded as follows:

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:

[illegible]

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.	
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 7/24/2007 Signature  Seal (P.E. or R.A.) 	
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.	
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 SHARMA First Name OM M.I. R. Title OWNER Business Name/Agency _____ Address 139-34 89 AVENUE City QUEENS State NY ZIP 11435 Phone (646) 410-6797 Name of Signator OM R. SHARMA Relationship to Building Owner SELF Signature  Date 7/24/07 If Corporation, name of second officer Last Name _____ First Name _____ M.I. _____ Title _____ Address _____ City _____ State _____ ZIP _____ Phone () _____	

Internal Use	
Application Complete for Filing and Fee Estimation	
Amount Due \$132.89 + \$100.00 Cost Estimate (If different from applicant) _____ Pre-Filer Name ST OCT 23 2007	Approvals Examined and Recommended for Approval ☐ Approved for ☐ Foundation ☐ Earthwork Only Examiner Name _____ Examiner Signature _____ Date _____ Limitation(s): (To appear on permit) _____ _____ _____
Initial Amount Paid _____ Verified By _____ Date _____ Balance Paid _____ Verified By _____ Date _____	Other Approvals Examiner Name _____ Examiner Signature _____ Date _____ Approved Borough Superintendent Signature _____ Date _____
Stamps and Certifications: _____	