



PC Filing Prefiling Checklist

December 06, 2007



Department of Buildings, City of New York

Job No:

Ref No: 170SP

Borough:

QUEENS (4)

Location: 170 COMMODORE CIRCLE

Job Type: A2
Estimated Cost: \$10,000.00

Doc. No.:

Project Lead Job No.:
Cluster Dev. Name:

Bldg. Group Lead No.:

Work Types: SP \$10,000.00;

OT Descript.:

BIN: Block: 16092 Lot: 48 Lot 2: Lot 3: CB No.: 414 No. Stories: 2
Street Frontage: Total Gross Floor Area:
Special Place:

Other Building
Information: Install

Building Class: 1-2-3 Family

Fee Exempt: N
Fee Deferred: N

Other
Considerations:

Professional Certification of Objections

C of O: Making Change To:

Constr. Eq. Info:

Signs Info:

Total Sq. Footage:
Height Above Roof:

Applicant: Tangel, Daniel F
Prof. Title: PE

License No.: 609561

If this filing includes Sprinkler Work, is Water Supply off the domestic?

☐ Yes

☒ No

Plans Submitted:

___ AR ___ ST ___ ZO ___ ME ☒ PL ___ FO ___ NP ___ BPP Checklist



Plan/Work Report For PC Filing



November 28, 2007

Ref. #: 170SP

NYC Department of Buildings

Department of Buildings, City of New York

Location & Status

Borough: **OUEENS (4)**

BIN:

Block: **16092**

Lot: **48**

Address: **170 COMMODORE CIRCLE**

Filing Type: **Initial Filing**

Job Type: **Alteration 2**

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: **Tangel, Daniel F**

Business Name: **Tangel Engineering Associates PC**

Phone: **(631) 750-2800**

Address: **285 Middle Country Road, Smithtown, NY 11741**

Professional Title: **PE**

License No.: **609561**

Other Description:

Filing Representative

Filing Rep Name: **Gonzalez, Innes, Maggie, Barbara**

Registration No.: **G64496**

Business Name: **Rockaway Beach Construction Com.**

Phone: **(718) 474-3856**

Address: **100 Beach 73 Street, Arverne, NY 11692**

Considerations

Directive 14 Acceptance Req.: **N**

Unmapped Street: **N**

Infill Zoning: **N**

Reel No.:

Legalization of Work After 89: **N**

Quality Housing: **N**

Landmark: **N**

Page No.:

Professional Certification of Job/Plans: **N**

Local Law 5 of 73: **N**

Adult Use: **N**

Professional Certification Objections: **Y**

Local Law 16 of 84: **N**

SRO: **N**

Other
Considerations:

Old Code Review Requested: **N**

Site Safety Job: **N**

Loft Board: **N**

Building Class: **1-2-3 Family**

CPC Calendar No.:

Fee Status: **Standard Fee**

BSA Calendar No.:

Alteration Details

Certificate of Occupancy Status:

Structural Stability Affected: **N**

Equipment: **Install**

Making Change To:

Job Description: **Sprinkler application filed in conjunction with New Building #402535048**

Work Types

Work Types and Costs: SP \$10,000.00;

Curb Cut Description:

OT Description:

Job Estimated Cost: \$10,000.00

Building Information

Community Board No.: 414

Map No.: 7A

Apt. Nos./Condos:

Floors: 001 002 ROF

Special Place:

Occupancy Class: Existing: J-3

Construction Class: Existing Comb: 2-B

SiteAreaCharacteristics:

Zoning Districts: R3-2

Total Gross Floor Area:

No.of Dwelling Units: 2

Street Frontage:

Parking Sq. Footage:

Building Height: 25 ft.

Loading Berths:

Plaza Sq. Footage:

No.of Stories: 2

No. of Loading Berths:

Arcade Sq. Footage:

Ult.. No.of Stories:

No. of Parking Spaces:

Const. Equip. Waiver:

Fill:

Construction/Fire Protection Equipment

Const. Equipment:

Construction Material:

BSA/MEA Approval No.:

Standpipe:

Sprinkler: PR

VOL

ENT

AUTO

Fire Alarm:

Fire Suppression:

Plot Diagram (Met and Bound)

Street Status:

Legal Width:

Beginning at the point on the
of the corner formed by the intersection of
running

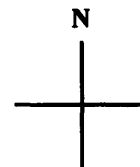
side of

distant
and

feet

to the point of beginning.

Diagram:



Comments

The filed application is complete as required in item #1 of TPPN 600. I will self certify the removal of all objections to be issued.

Lessee

Lessee Name:
Lessee Bus. Name:
Lessee Address:

Title:
Phone:

Signs

Sign Type:
Height Above Roof:
Sign Weight:
Square Footage:

Roof Sign is Tight/Closed/Solid:
Adjacent:
Advertising:

Illuminated:
Wording:
Description:

IBL:

Owner

Owner Type: C Corporation
Owner Name: Ronski, Gerard
Owner Title: Secretary

Non-Profit: N

Business Name/Agency: The Beechwood Organization

Phone: (718) 474-3856

Owner Address: 500 North Broadway, Jericho, NY 11750

If Corporation, Condo/Co-op, name of second officer/Board of Director -

Name: Dubb, Michael

Title: President

Phone: (516) 935-5555

Address: 500 North Broadway, Jericho, NY 11753

Schedule B: Plumbing**Sprinkler SubType**

New Installation	Mad to Remove Violation	Violation No.	Storm Drain Discharges Into	Sanitary Drain Discharges Into	Related PL Job # for Domestic Water Connection	No Fixtures on Floors	Cap Or Remove	Relocate	Describe Cap/Remove/Relocate
Entire	N					N	N	N	

Plumbing Fixtures

M1	M2	M3
11	11	3

SPRINKLER HEAD - SP (SP)

Statements and Signatures**Applicant's Statements**

I prepared or supervised the preparation of the plans and specifications submitted on the accompanying disk, identified with the reference number 170SP, and the CompanyID beechwo-9111.47, prepared on the Department of Building's PC Filing System.

To the best of my knowledge and belief, the plans and work shown thereon and represented by this printed copy comply with the provisions of the Building Code and other applicable laws and regulations.

☐ except as set forth in the accompanying documents.

Cluster/Tract Housing Statement Complete if applicable**Lead Job Number:**

I hereby state that application data for each individual job within this Cluster Group conform to the specifications for the above Lead Job Number, with exceptions as noted on the Cluster Detail Page(s), attached.

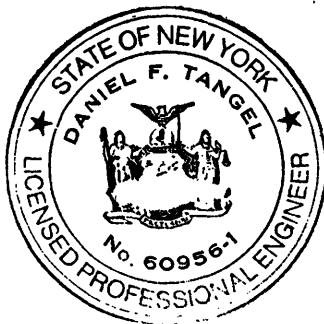
I acknowledge that I have complied with the instructions for the use of PC Filing, and have read and complied with instructions for the supplementary schedules submitted.

Applicant Name: TANGEL, DANIEL F

Date: 12/5/07

Applicant Signature: [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 the work specified on the accompanying disk, identified by the reference number 170SP, prepared on the Department of Buildings PC Filing System, and all future amendments.

Owner's Certification Regarding Occupied Housing

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. N

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]. N
Date DHCR Notified:

Owner's Certification Regarding Adult Establishments

I authorize and intend to create, enlarge, or extend an adult establishment or related sign at the subject premises. N

Fee Exemption Request Statement

In accordance with Section 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. N

Fee Deferred Request Statement

I hereby request a fee deferred for the work proposed on this New Building or Alteration Type I application and understand that all fees must be paid before issuance of the C / O or job sign off. N

Name of Signator : ROMSKI, GERARD

Relationship to
Building Owner:

Date:

Signature:

[Signature] 12/1/07

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.

Examiner Signature: _____

Date: _____