



Plan/Work Approval Application

Application Must Be Typewritten



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 Number
☐ Job involves a development project.		Work Type Suffix	
☐ Job involves tract housing/cluster.		/	
Number of buildings 1	Additions		Changes
Project Name	I am the original applicant applying for additional approvals.		Amendment
Project I.D. RESERVED FOR D.O.B.	I am a subsequent applicant taking responsibility for the items specified herein.		Reinstatement
			Withdrawal

2 Location				
Borough QUEENS	Block 3108	Lot(s) 122	BIN 4073050	C.B. No. 406
House No(s). 89-19	Street Name 63 AVE	Apt./Condo No(s).		
Special Place Name	Floor(s) CELLAR			

3 Applicant				
The following information represents a change to the original filing				
Last Name SAVANI	First Name MANISH	MI		
Business Name M.S.SAVANI ARCHITECT	Business Phone (718) 657-6222			
Address 140-40 QUEENS BLVD	City QUEENS	State NY	ZIP 11432	
☐ P.E.	☒ R.A.	☐ Other		Lic. No. 29410

4 Filing Representative Complete if different from applicant.				
Last Name BLOK	First Name SAM	MI		
Business Name BLOK ASSOCIATES	Business Phone (718) 275-9666			
Address 66-70 SELFRIDGE ST	City QUEENS	State NY	ZIP 11375	

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	GC	
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 \$ 10,000	Work Type Costs (Alteration Type II only):	OT \$ 7000	PI \$ 3000	\$
PROPOSED FAMILY CARE FOR 12 CHILDREN 2-6 YEARS IN CELLAR. NO CHANGE IN BULK OR EGRESS.				
Alteration Job only: Proposed Additional Floor Area sq. ft. ☒ Structural Stability will <u>not</u> 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:							
	SD	Standpipe	-	14	☒	OT	Other	-	Description: GC							

10 Building Characteristics												
Part A												
Zoning District(s)				Special District Name				Map Number				
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				Ex	Pr	Fire Protection Equipment				Voluntary	Required	
Street Frontage Dimension (Demolitions only)						Standpipe						
Height						Sprinkler						
Number of Dwelling Units						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
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		

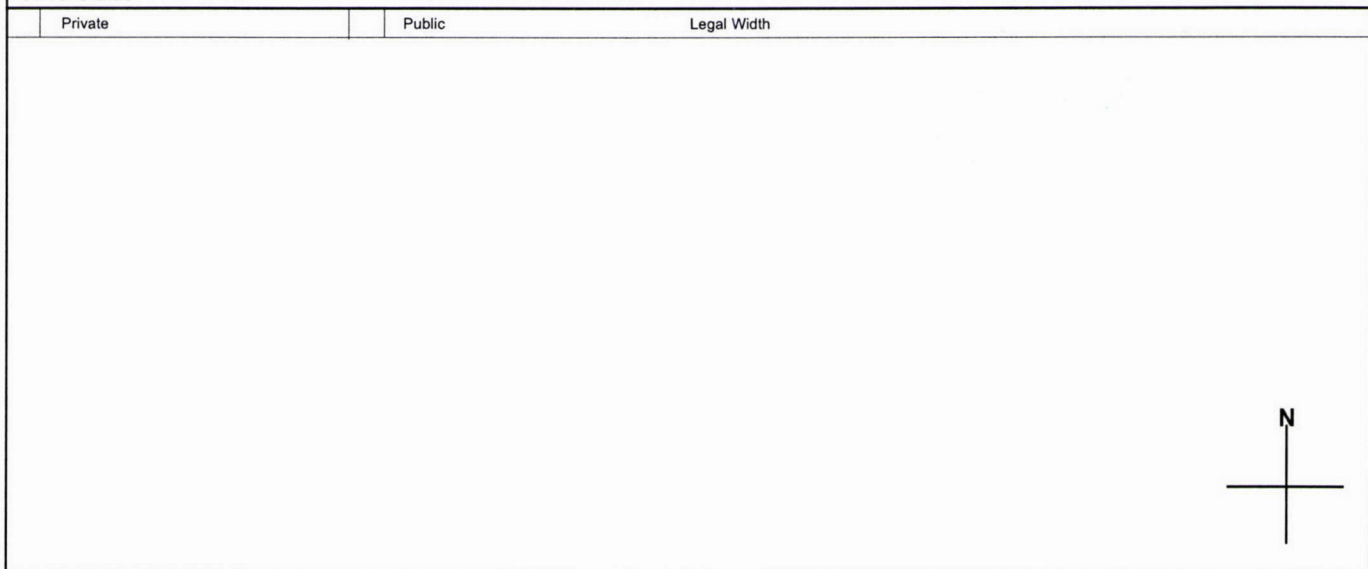
14 Fire Protection Equipment

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

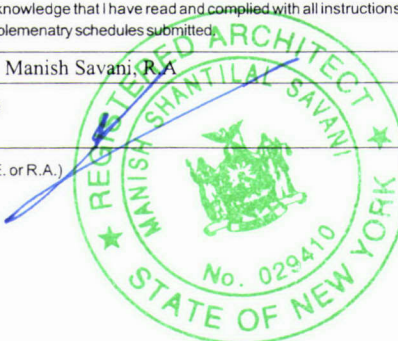
The Zoning Lot on which the premises is located is bounded as follows:

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. 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>Manish Savani, R.A.</u> Date <u>11/28/07</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. _____ <u>KHOLDAROVA</u> <u>LARISA</u> Title <u>OWNER</u> Business Name/Agency <u>N/A</u> Address <u>89-29 63 AVENUE</u> City <u>QUEENS</u> State <u>NY</u> ZIP <u>11374</u> Phone (<u>718</u>) <u>899-7730</u> Name of Signator <u>LARISA KHOLDAROVA</u> Relationship to Building Owner <u>SAME</u> Signature <u>Larisa Kholdarova</u> Date <u>11/28/07</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 _____