



PC Filing Prefiling Checklist

January 31, 2008



Department of Buildings, City of New York

Job No.:

Ref No.: 07-015

Borough:

QUEENS (4)

Location: 32-07 211 STREET

Job Type: **NB**
Estimated Cost: **\$0.00**

Doc. No.:

Project Lead Job No.:
Cluster Dev. Name:

Bldg. Group Lead No.:

Work Types: **PL \$40,000.00; MH; EO; CC - 10 lin. ft.; OT;**

OT Descript.: **GENERAL CONSTRU**

BIN: Block: **6061** Lot: **21** Lot 2: Lot 3: CB No.: **411** No. Stories: **2**
Street Frontage:
Special Place: Total Gross Floor Area: **3,294 sq.ft.**

Other Building
Information:

Onsite Fill

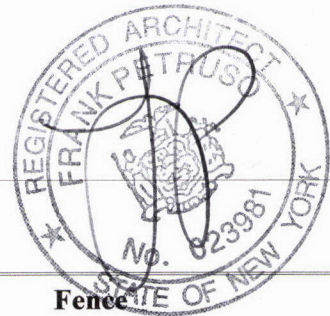
Building Class: **1-2-3 Family**

Fee Exempt: **N**

Fee Deferred: **N**

Other
Considerations:

Professional Certification of Job



C of O: Making Change To:

Constr. Eq. Info:

Fence

Signs Info:

Total Sq. Footage:
Height Above Roof:

Applicant: **Petruso, Frank**

Prof. Title: **RA**

License No.: **23981**

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

January 22, 2008

Ref. #: 07-015

Internal Use

Job Number (affix label)

NYC Department of Buildings - PCF.PW1

Location & Status

Borough: **QUEENS (4)**

Address: **32-07 211 STREET**

Filing Type: **Initial Filing**

BIN:

Block: **6061**

Lot: **21**

Job Type: **New Building**

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: **Petruso, Frank**

Business Name: **Frank Petruso Architect**

Phone: **(516) 498-9080**

Address: **305 Northern Blvd., Suite 206, Great Neck, NY 11021**

Professional Title: **RA**

License No.: **23981**

Other Description:

Filing Representative

Filing Rep Name: **Williams/ Saenz, Kerine/Fransico**

Registration No.: **W31387**

Business Name: **Frank Petruso Architect**

Phone: **(516) 498-9080**

Address: **305 Northern Blvd, Great Neck, NY 11021**

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: **Y**

Local Law 5 of 73: **N**

Adult Use: **N**

Professional Certification Objections: **N**

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:

Equipment:

Making Change To:

Job Description:

Work Types

Work Types and Costs: **PL \$40,000.00; MH; EQ; CC - 10 lin. ft.; OT;**

Curb Cut Description: **10 ft curb cut located the east side of 211 street**

OT Description: **GENERAL CONSTRU**

Job Estimated Cost: **\$0.00**

Building Information

Community Board No.: **411**

Map No.: **11A**

Apt. Nos./Condos:

Floors: **CEL 001 002**

Special Place:

Occupancy Class: **Proposed: J-3**

Construction Class: **Proposed Comb: 2-D**

SiteAreaCharacteristics:

Zoning Districts: **R2**

Total Gross Floor Area: **3,294 sq.ft.**

No.of Dwelling Units: **1**

Street Frontage:

Parking Sq. Footage:

Building Height: **31 ft.**

Loading Berths:

Plaza Sq. Footage:

No.of Stories: **2**

No. of Loading Berths:

Arcade Sq. Footage:

Ult.. No.of Stories: **2**

No. of Parking Spaces:

Const. Equip. Waiver:

Fill: **Onsite Fill**

Construction/Fire Protection Equipment

Const. Equipment: **Fence**

Construction Material: **PLYWOOD**

BSA/MEA Approval No.:

Standpipe:

Sprinkler:

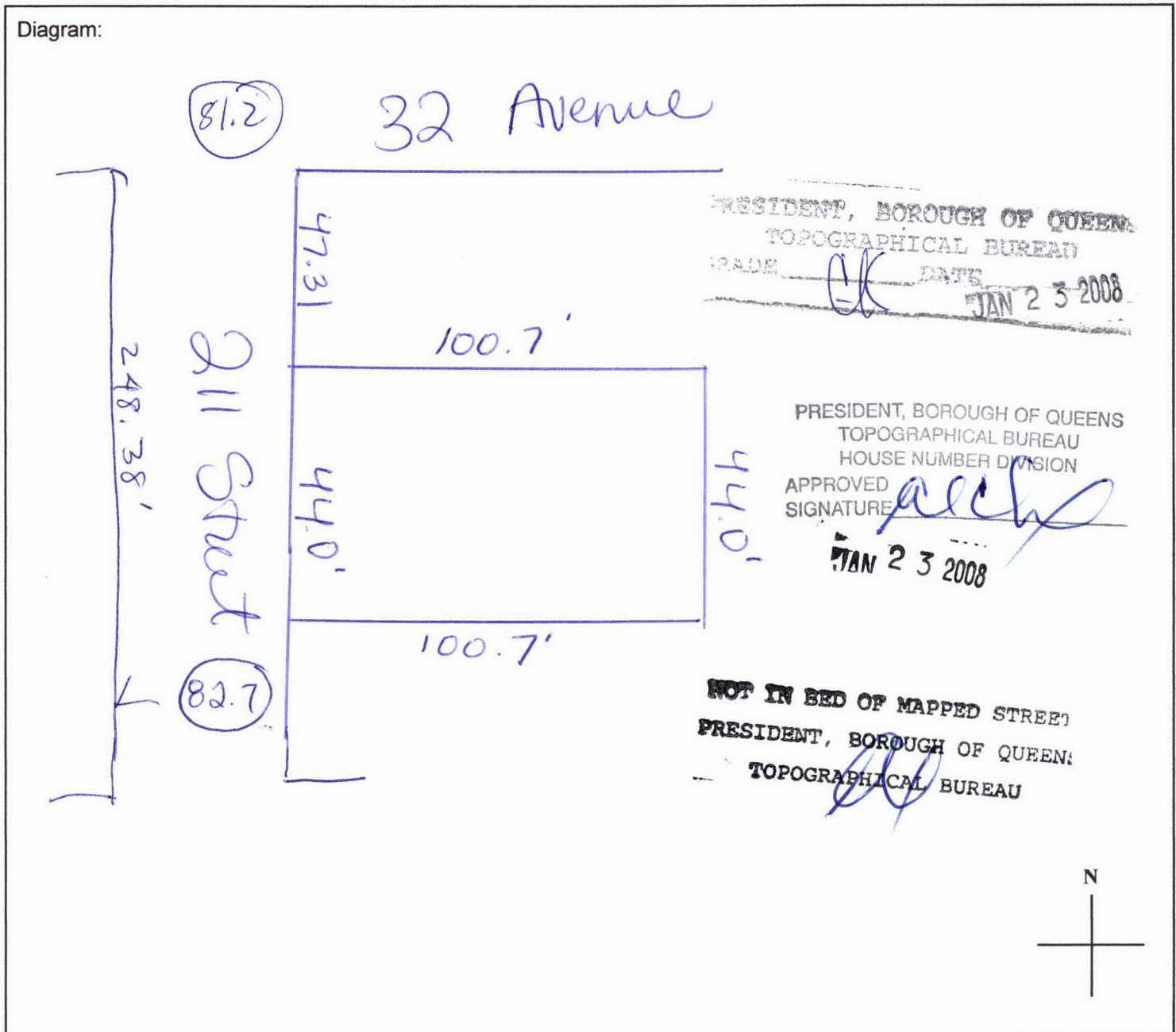
Fire Alarm:

Fire Suppression:

Plot Diagram (Metes and Bounds)Street Status: **Public**Legal Width: **60**Beginning at the point on the **EAST** side of **211 STREET**
of the corner formed by the intersection of **32 AVENUE**distant **47.31** feet **SOUTH**
and **211 STREET**running **thence E 100.70 feet;**
thence W 100.70 feet;**thence S 44.00 feet;**
thence N 44.00 feet;

to the point of beginning.

Diagram:



Comments

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings.

Lessee

Lessee Name:
Lessee Bus. Name:
Lessee Address:

Title:
Phone:

Signs

Sign Type:
Height Above Roof:
Sign Weight:
Square Footage:
Illuminated:
Wording:
Description:

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

IBL:

Owner

Owner Type: **I Individual**

Non-Profit: **N**

Owner Name: **ODOHERTY, NIAL**

Owner Title: **OWNER**

Phone: **(718) 357-5397**

Business Name/Agency: **NA**

Owner Address: **32-07 211 STREET, BAYSIDE, NY 11361**

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

Name:
Title:
Address:

Phone:

Schedule A: Occupancy Use

	Floor From	Floor To	Max No. of Persons	Live Load (psf)	Code Habitable Rooms	Building Code Occupancy Group	Dwelling/ Rooming Units	Zoning Use Groups	Description
Ex	N/A	N/A							
Pr	001	001		40	4	J-3	0.5	1A	ONE FAMILY DWELLING
Ex	N/A	N/A							
Pr	002	002		40	4	J-3	0.5	1A	PART OF DWELLING NOTE: TOTAL ONE FAMILY RESIDENCE
Ex	N/A	N/A							
Pr	CEL	CEL		OG		J-3		1B	ACCESSORY USES

Schedule B: Plumbing**Plumbing SubType**

New Installation	Made 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		Private Disposal	Combined Sewer		N	N	N	
GAS PIPING INVOLVED									
Description of Gas Fired Equipment BOILER, HOT WATER HEATER, DRYER, RANGE					No. of Meters: 1	No. of Risers: 1			
					Location of Meters: CELLAR				
					Location of Risers: CELLAR THRU FIRST FLOOR				
Heat: Y Cooking: Y Dryer: Y Boiler Pilot: N Hot Water Heater: Y Hot Water Tankless Coil: N Other: N Description of Other:									

Plumbing Fixtures

	001	002	CEL	OSP	UDG
BATHTUB/WHIRLPOOL/HOTTUB/SAUNA (PL)	0	1	0	0	0
COOKING EQUIP - RESIDENTIAL (PL)	1	0	0	0	0
DISHWASHER (PL)	1	0	0	0	0
DRY WELL/RETENTION (PL)	0	0	0	3	0
GAS BOILER(<350K) (PL)	0	0	1	0	0
GAS DRYER (PL)	0	0	1	0	0
GAS METER (PL)	0	0	1	0	0
GAS PIPING (PL)	1	0	1	0	0
GAS WATER HEATER (PL)	0	0	1	0	0
LAUNDRY STANDPIPE (PL)	0	0	1	0	0
LAVATORY(COMMON WASH BASIN) (PL)	1	3	1	0	0
SANITARY PIPING (W&S) (PL)	1	1	1	0	1
SINK - RESIDENTIAL (PL)	1	0	1	0	0
STALL SHOWER (PL)	0	1	0	0	0
STORM DRAINAGE PIPING (PL)	0	0	0	1	0
TOILET (WATER CLOSET) (PL)	1	2	1	0	0
WASHING MACHINE (PL)	0	0	1	0	0
WATER PIPING (W&S) (PL)	1	1	1	0	0
WATER SERVICE PIPING (PL)	0	0	1	0	0

Ref No: 07-015

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 _____, and the Company/D Frank P-8127.57, 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: **PETRUSO, FRANK**

Date: 1-22-08

Applicant 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 **07-015** 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: Naill O'Doherty

Relationship to Building Owner: Self

Date: _____

Signature: _____

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: _____