



PC Filing Prefiling Checklist

February 07, 2008



DEPT.BLDGS 410063586 Job Number



SC071207024 Scan Code

Department of Buildings, City of New York

Job No:

Ref No: 29-0539AV

Borough:

QUEENS (4)

Location: 29-11 39 AVENUE

Job Type: A2 Doc. No Project Lead Job No.: Bldg. Group Lead No.:
Estimated Cost: \$40,000.00 Cluster Dev. Name:
Work Types: OT \$40,000.00;

OT Descript.: SHORING

BIN: 4004647 Block: 384 Lot: 32 Lot 2 Lot 3 CB No.: 401 No. Stories: 9

Street Frontage:
Special Place:

Total Gross Floor Area:

Other Building
Information: Install

Building Class: Other

Fee Exempt: N

Fee Deferred: N

Other
Considerations:

Directive 14 Acceptance Required

Professional Certification of Job

C of O: Making Change To:

Constr. Eq. Info:

Signs Info:

Total Sq. Footage:
Height Above Roof:

Applicant: HALL, NYRON r

Prof. Title: PE

License No.: 071543

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

Internal Use

Job Number (affix label)

February 07, 2008

Ref. #: 29-0539AV

NYC Department of Buildings - PCF.PW1

Department of Buildings, City of New York

Location & Status

Borough: QUEENS (4)

BIN: 400464

Block: 384

Lot: 32

Address: 29-11 39 AVENUE

Filing Type: Initial Filing

Job Type: Alteration 2

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: HALL, NYRON r

Business Name: NRON HALL PC

Phone: (718) 527-3518

Address: 222-07 Linden Blvd, Queens, NY 11411

Professional Title: PE

License No.: 071543

Other Description:

Filing Representative

Filing Rep Name: SAZ, ROSE

Registration No.: MH4923

Business Name: NYRON HALL PE

Phone: (718) 527-3518

Address: 222-07 LInden BLVD, NEW YORK, NY 11411

Considerations

Directive 14 Acceptance Req.: Y

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: Other

CPC Calendar No.:

Fee Status: Standard Fee

BSA Calendar No.:

Alteration Details

Certificate of Occupancy Status:

Structural Stability Affected: Y

Equipment: Install

Making Change To:

Job Description: Install new shoring system to protect adjacent property during the excavation for the construction of new Building Work is filed in conjunction with application # 402641888. No change in use, egress or occupancy

Work TypesWork Types and Costs: **OT \$40,000.00;**

Curb Cut Description:

OT Description: **Shoring**Job Estimated Cost: **\$40,000.00****Building Information**Community Board No.: **401**Map No.: **9b**

Apt. Nos./Condos:

Floors: **OSP**

Special Place:

Occupancy Class: **Existing: J-1**Construction Class: **Existing Non-Comb: 1-C**

SiteAreaCharacteristics:

Zoning Districts: **M1-3D**

Total Gross Floor Area:

No. of Dwelling Units: **56**

Street Frontage:

Parking Sq. Footage:

Building Height: **98 ft.**

Loading Berths:

Plaza Sq. Footage:

No. of Stories: **9**

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:

Fire Alarm:

Fire Suppression:



Ref. #: 29-1139

Plot Diagram (Metes and Bounds)

Department of Buildings, City of New York

NYC Department of Buildings - PCF.PW1

Street Status:

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

Legal Width:

side of

distant
and

feet

to the point of beginning.

Diagram:

PROFESSIONAL CERTIFICATION



DEPARTMENT OF BUILDINGS
STAMP NUMBER 3 OF 4



Preparer: MM
Ref. #: 29-1139

Department of Buildings, City of New York
DOB Job #:

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:

PROFESSIONAL CERTIFICATION**DEPARTMENT OF BUILDINGS
STAMP NUMBER 3 OF 4****Owner**

Owner Type: **C Corporation**
Owner Name: **Baharestani, Steven**
Owner Title: **Member**

Non-Profit: **N**Phone: **(516) 967-9876**Business Name/Agency: **Long Island City Parteners LLC**Owner Address: **P.O BOX 244 Old Westbury, Long Island, NY 11568***If Corporation, Condo/Co-op, name of second officer/Board of Director -*Name: **Baharastani, Martin**Title: **member**Phone: **(212) 686-1400**Address: **P O BOX 244, Old Wesbury, NY 11568**

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 29-1139, and the CompanyID MM-9226.59, 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: **HALL, NYRON R**

Date: 11/26/08

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 **29-1139**, 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 : **BAHARESTANI, STEVEN**

Relationship to
Building Owner: _____

Date: _____

Signature: [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: _____