



NYC DEPT. OF BUILDINGS
BOROUGH COMMISSIONERS OFFICE
RECEIVED

2008 APR -3 A 11: 15

SDQ1421085B

SEWER CERTIFICATION

NYC DEPARTMENT OF BUILDINGS
SEWER SELF CERTIFICATION

HOUSE CONNECTION PROPOSAL FORM

For 1-, 2-, or 3-Family Home Only

VALID FOR TWO (2) YEARS



DEPT. BLDGS 410089149 Job Number

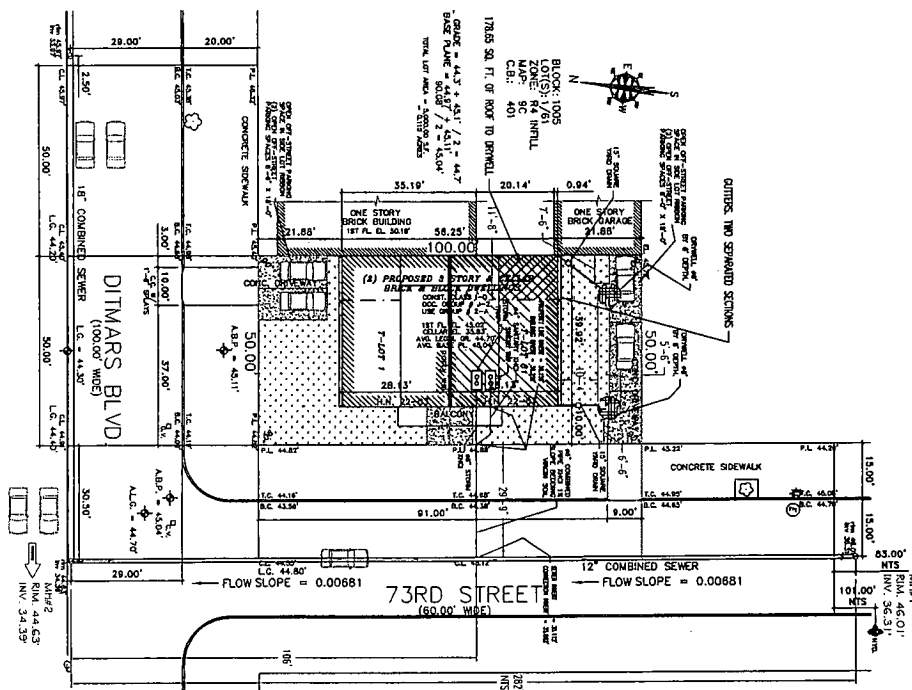


SC080401601 Scan Code

PROJECT DATA:

Borough of Queens Building Dept. No (s) 410089149
Tax Block 1005 Lot (s) 61 Zoning R-4 Map No. 9c
Project Location 22-07 73rd Street
Site Area 2500 (sq. ft.) Attached NYC Water Board Review Fee \$ 200

1. PLAN



All House Connections Must Be Gravity Lines Only

2. HOUSE CONNECTIONS REQUESTED:

Total Developed Site Storm Flow 0.207 cfs

Allow. Storm Flow to the Sewers 0.138 cfs

☐ Detention ☒ Retention

	Sanitary	Storm	Comb.	Drywells
No. Requested			1	XXXXXXX
Size			Ø6	XXXXXXX
Material (s)			XHCI	XXXXXXX
Total Q (s)	0.0032	0.138	0.1412	0.069

Note: The property owner is responsible for plugging all inactive pre-existing sewer connections.

3. CONNECTION INFO:

- ☐ Connection to exist:
☐ Spur ☐ Riser ☐ Curb Connection
- ☐ Proposed New Riser
- ☐ Fold Spur in
- ☒ Drill in
- ☐ Reuse Plugged Connections

4. SUPPORT DOCUMENTS:

- *1. Site Plan – 6 copies with hydraulic calculations _____
- *2. Survey – 3 copies with watercourse note _____
- *3. Tentative Lot Number Request Form – Attached _____ Not Applicable _____
4. Department of Buildings Amendment – Attached _____ Not Applicable _____
5. Builders Pavement Plan – Attached _____ Not Applicable _____
6. Boring Logs – Attached _____ ✓ Not Applicable _____
7. Other (Specify) _____ Attached _____

* Requires PE/RA Stamp and Original Signature (L.S. for Survey)

5. **SEWER INFORMATION:**

- a. There ~~(is)~~ (is not) a sanitary sewer fronting the property available for connections. SIZE _____ PUBLIC _____
- b. There ~~(is)~~ (is not) a storm sewer fronting the property available for connections. SIZE _____
- c. There (is) ~~(is not)~~ a combined sewer fronting the property available for connections. SIZE Ø12 _____
- d. Sanitary discharge tributary to: _____

Location

City Treatment Plant - Bowery Bay _____

- e. Distance to, and location of nearest allowable drainage plan sewer:

- i. Sanitary Outlet NA _____
- ii. Storm Outlet NA _____
- iii. Combined Outlet Fronting _____

6. **WATERCOURSE INFORMATION:**

There ~~(is)~~ (is not) a watercourse traversing the development site.

Topo. Map No. FS.6 _____

PRESIDENT, BOROUGH OF QUEENS
TOPOGRAPHICAL BUREAU
GRADES/DIVISION
APPROVED
SIGNATURE *CCG* 3/31/08

Statements and Signatures (Complete the appropriate sections and sign below. All professionals must affix their seal)

APPLICANT

IDENTIFICATION OF RESPONSIBILITIES

I hereby state that the above information is correct and complete to the best of my knowledge and is in compliance with all applicable Administrative Code Provisions and all Departmental Rules, Regulations, and Directives, except where noted.

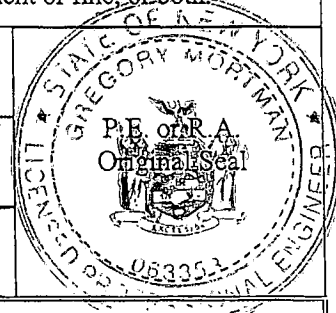
Falsification of any statement is a misdemeanor under section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.

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 consideration. Violation is punishable by imprisonment or fine, or both.

Name of Applicant Gregory Mortman Phone Number 914-238-1702

Address 15 Hardscrabble Hill Road City Chappaqua State NY Zip Code 10514

Signature *Greg Mortman* Date 3/25/08



OWNER

I hereby state that I have authorized the applicant to perform the work specified herein, and agree to indemnify and save harmless to the fullest extent permitted by law, the City of New York, the New York City Water Board, and the New York City Municipal Water Finance Authority (hereinafter collectively called "the City") and their, respective officers, representatives, agencies, contractors, servants and employees from and against any and all claims, suits, actions, proceedings, and losses ("claims and losses") that may arise from the construction, maintenance, operation, or use of any connection to the City Sewer System that I or my contractor connect to the City Sewer System from the subject site after the date of this certification and prior to the issuance of this certification and prior to the issuance of the certificate of inspection by the City Department of Environmental Protection.

Name of Owner Benedetto Guiseppe Davi Phone Number 718-606-9301

Address 26-01 28th Street City Long Island City State NY Zip Code 11102

Signature *B. Guiseppe Davi* Date _____