



PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) 93-16

Street Name 68TH AVENUE

Borough QUEENS

Block 03198

Lot 00008

BIN 4076262

C.B. No. 406

Work on Floor(s) CEL, 1, 2

Apt. / Condo No(s)

2 Applicant Information *Required for all applications. Fax, mobile telephone and e-mail address are optional information.*

Last Name MARTINOVIC

First Name NIKOLA

Middle Initial

Business Name INM ARCHITECTS PC

Business Telephone (212) 247-1957

Business Address 333 WEST 56 TH STREET, 1 E

Business Fax

City NEW YORK

State NY

Zip 10019

Mobile Telephone

E-Mail NIKOLA@INMARCH.COM

License Number 023948

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other, please specify:

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

Last Name MARTINOVIC

First Name IVANA

Middle Initial

Business Name INM ARCHITECTS PC

Business Telephone (212) 247-1957

Business Address 333 WEST 56TH STREET, 1 E

Business Fax

City NEW YORK

State NY

Zip 10019

Mobile Telephone

E-Mail IVANA@INMARCH.COM

Registration Number M22497

4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

☒ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☒ 1968 ☐ Prior to 1968

Choose ☒ Standard Plan Examination or Review

one: ☐ Professional Certification PC1, POC1

☐ Self Certification of Objections A11

☐ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☐ Post Approval Amendment (PAA) 4A, 6, 24-25

Will PAA affect filing fees? ☐ Yes ☐ No

☐ New Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 25-26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

5 Job/Project Types *Choose one and provide specified associated information.*

☐ Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:

☐ Change in Exits

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup.

☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1A, PD1

☒ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22

☐ New Building 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1

☐ Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22

☐ Sign 5A, 6B-D, 9B, 22-23

☐ Subdivision 9B, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☒ Yes ☐ No

6 Work Types *Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.*

6A ☐ BL - Boiler PW1C

☐ FS - Fuel Storage PW1C

☒ PL - Plumbing PW1B

6E ☐ CC - Curb Cut 16

☐ FA - Fire Alarm

☐ FP - Fire Suppression

☐ SD - Standpipe PW1B

6F ☐ OT/ANT - Antenna

☐ FB - Fuel Burning PW1C

☐ MH - Mechanical

☐ SP - Sprinkler PW1B

☐ OT/BPP - Builders Pavement Plan 8D

6B ☐ EQ - Construction Equipment 15

6C ☒ OT/GC - General Construction

6D ☐ OT - Other, describe:

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000074935-000026

User Ref ID: 0858

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

☒ AR - Architectural ☐ BP - BPP Checklist ☐ DM - Demolition (Full/Partial) ☐ EN - Energy Analysis ☐ FO - Foundation or ☐ NP - No Plans
☐ ME - Mechanical ☐ OT - Other ☒ PL - Plumbing ☐ ST - Structural ☐ ZO - Zoning

8 Additional Information

8A WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$
PL	6000					☐ No enlargement is proposed	8D Street Frontage: linear ft.
OT	25000					☒ Yes 12, PD1	8E Height: ft. Width: ft.
						☒ Horizontal ☐ Vertical	8F Name of cluster or development below:
						Additional Construction Floor Area:	
8G Total Construction Floor Area:						120 sq. ft.	Project lead job no.

9 Additional Considerations, Limitations or Restrictions

Yes No	Yes No	9F Structural Peer Reviewer License No.
9A ☐ ☒ Structural peer review required per BC §1627 <i>If yes, 9F</i>		
9B ☐ ☒ Filled to Comply with Local Law <i>If yes, 9G</i>	☐ ☒ Landmark	9G Local Law No(s) Year
☐ ☒ Other, specify: _____	☐ ☒ "Little E" Hazmat Site	
☐ ☒ Restrictive Declaration / Easement <i>If yes, 9L</i>	☐ ☒ Unmapped Street	9H Violation No(s)
☐ ☒ Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i>	☐ ☒ Filing to Address Violation(s) <i>If yes, 9H</i>	
☐ ☒ Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C ☐ ☒ Adult Establishment <i>If yes, plot diagram (except DM)</i>	☐ ☒ Included in LMCCC	9I BSA Calendar No(s)
☐ ☒ Compensated Development (Inclusionary Housing)	☐ ☒ Infill Zoning	
☐ ☒ Low Income Housing (Inclusionary Housing)	☐ ☒ Loft Board	9J CPC Calendar No(s)
☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling	☐ ☒ Quality Housing	
☐ ☒ Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	☐ ☒ Site Safety Job/Project	
9D ☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E ☐ ☒ Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>		
☐ ☒ Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:*
- ☒ An alteration but not a substantial alteration
- ☐ Work in a historic building
- ☐ Work in an exempt building (*specify category/reasons in 10A*)**

*I understand the Department may require supporting analyses and documentation.
**§101.5.2.1 of the ECCCNYS only exempts thermal envelope provisions.

10A Specific Reason for ECCCNYS Exemption**11 Job Description**

FILING HERewith MINOR HORIZONTAL ENLARGEMENT AND NEW DECK. NO CHANGE IN USE, OCCUPANCY OR EGRESS.

11A Related DOB Job Numbers

11B Primary application job no.

12 Zoning Characteristics

12A District(s) R4B Overlay(s) Special Dist.(s) Map Number 14A				12B Street legal width: 60 ft. Street Status: ☒ Public ☐ Private <i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i>			
12C Proposed: Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:		Proposed Yard Details:	
RESIDENTIAL	2000 sq. ft.	R4B	0.9	Lot Type: ☐ Corner ☒ Interior ☐ Through Lot Coverage 43 % Lot Area 2000 sq. ft. Lot Width 20 ft.		Check here if no yards: ☐ or Front Yard 20 ft. Rear Yard 43 ft. Rear Yard Equivalent 43 ft. Side Yard 1 0 ft. Side Yard 2 0 ft.	
	sq. ft.			Proposed Other Details: Enclosed Parking? ☐ Yes ☒ No If yes, no. of parking spaces: _____ Perimeter Wall Height 22 ft.			
	sq. ft.						
	sq. ft.						
	sq. ft.						
	sq. ft.						
Proposed Totals	1666 sq. ft.		0.83				
Existing Total	1546 sq. ft.						

**Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.*

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only.

13A Primary structural system, choose one: ☐ Masonry ☐ Concrete (CIP) ☐ Concrete (Precast) ☐ Wood ☐ Steel (Structural) ☐ Steel (Cold-Formed) ☐ Steel (Encased in Concrete)					
13B	Existing	Proposed	13D Building Type: ☒ 1, 2, or 3 Family ☐ Other		
Structural Occupancy Category			Mixed use building? ☐ Yes ☐ No		
Seismic Design Category		2008 Code Designations?	2008 Code Designations?		
13C Occupancy Classification*	RES	☐ Yes ☒ No	☒ Yes**		
Construction Classification	3	☐ Yes ☒ No	☐ Yes ☐ No		
Multiple Dwelling Classification					
13F Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968 The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968					

14 Fill Choose one.

☐ Not Applicable
 ☐ On-Site
 ☐ Off-Site
 ☒ Under 300 cubic yards

15 Construction Equipment

☐ Chute ☐ Sidewalk Shed Construction Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA Approval No. _____
☐ Supported Scaffold ☐ Other: _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 on street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

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Tentative tax lot numbers (new tax lots only):

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18 Fire Protection Equipment

	Existing	Proposed
	Yes	No
Fire Alarm	☐	☐
Fire Suppression	☐	☐
Sprinkler	☐	☐
Standpipe	☐	☐

19 Open Spaces

	Existing	Proposed		Existing	Proposed
	sq. ft.	sq. ft.		sq. ft.	sq. ft.
Plaza Area			Arcade Area		
Parking Area			Parking Spaces		
Loading Berths			Loading Berths		

20 Site Characteristics

Yes No

☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal
☐ ☒ Fire District
☐ ☒ Flood Hazard Area

24	Comments <i>Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.</i>
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26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **Fee Deferred Request Statement**
I hereby request a fee deferral for the work proposed on this application and understand that **all fees must be paid before issuance of any Certificate of Occupancy or job sign off.**
- ☐ ☒ **Fee Exemption Request Statement**
In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
- ☐ ☒ **Owner's Certifications Regarding Occupied Housing**
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.
- ☐ ☒ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. **If yes, select one of the following:**
- ☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
- ☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
- Provide date DHCR notified:** _____
- ☐ ☒ **Owner's Certification for Adult Establishments**
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.
- ☒ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☒ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☐ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): **LJILJANA MARKOVIC**

Relationship to Owner: **OWNER**

Business Name/Agency: **MARKOVIC**

Street Address: **93-16 68TH AVENUE**

City: **QUEENS** State: **NY** Zip: **11375**

Telephone Number: **(718) 263-4231** Fax:

E-Mail Address:

Signature and Date

26A Condo/Co-Op Board of Corporation Second Officer

Name (please print):

Title:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Signature and Date*

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date: **JUL 25 2008**

Cost Estimate: \$

Amount Due: \$

248.50 Verified by Date

Initial Amount Paid: \$

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Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: T00000074935

User Ref ID: 0858

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