



PW1: Plan / Work Applicati

Must be typewritten.

**1 Location Information** Required for all applications.

House No(s) 91-01 Street Name 96TH STREET

Borough QUEENS Block 08993 Lot 00001 BIN 4186580 C.B. No. 409

Work on Floor(s) 1 to 2 Apt. / Condo No(s) 1

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

Last Name VILLACRES First Name CARLOS Middle Initial

Business Name PJF. INC. Business Telephone (917) 543-1728

Business Address 147-13 HILLSIDE AV. Business Fax

City QUEENS State NY Zip 11368 Mobile Telephone

E-Mail License Number 073734

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 MURILLO/MAYORGA First Name SANDRA/JULIO Middle Initial

Business Name TECHNIQUE PLAN DESIGN Business Telephone (646) 824-6054

Business Address 57 JUDSON ST., 11 A Business Fax

City EDISON State NJ Zip 08837 Mobile Telephone (646) 824-6054

E-Mail TECHNIQUEPLANDSIGN@YAHOO.COM Registration Number X08880

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 1968Choose ☐ Standard Plan Examination or Reviewone: ☒ 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, 24-25Will 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☐ FA - Fire Alarm☐ FB - Fuel Burning PW1C☐ FS - Fuel Storage PW1C☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing PW1B☐ SD - Standpipe PW1B☐ SP - Sprinkler PW1B6B ☐ EQ - Construction Equipment 156C ☒ OT/GC - General Construction6D ☐ OT - Other, describe:6E ☐ CC - Curb Cut 166F ☐ OT/ANT - Antenna☐ OT/BPP - Builders Pavement Plan 8D☐ OT/FPP - Fire Protection Plan☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000084159-000056

User Ref ID: AWNING

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? ☐ No enlargement is proposed ☐ Yes 12, PD1 ☐ Horizontal ☐ Vertical Additional Construction Floor Area:	8C Estimated Job Cost \$ 3000 8D Street Frontage: _____ linear ft. 8E Height: _____ ft. Width: _____ ft. 8F Name of cluster or development below: Project lead job no.
8G Total Construction Floor Area: _____ sq. ft.							

9 Additional Considerations, Limitations or Restrictions

Yes No	Yes No	9F Structural Peer Reviewer License No. _____ P.E.
9A ☐ ☒ Structural peer review required per BC §1627 <i>If yes, 9F</i>		
9B ☐ ☒ Filed to Comply with Local Law <i>If yes, 9G</i> ☐ ☒ Other, specify: _____ ☐ ☒ Restrictive Declaration / Easement <i>If yes, 9L</i> ☐ ☒ Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i> ☒ ☐ Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued	☐ ☒ Landmark ☐ ☒ "Little E" Hazmat Site ☐ ☒ Unmapped Street ☒ ☐ Filing to Address Violation(s) <i>If yes, 9H</i>	9G Local Law No(s) _____ Year _____ 9H Violation No(s) 34682568P
9C ☐ ☒ Adult Establishment <i>If yes, plot diagram (except DM)</i> ☐ ☒ Compensated Development (Inclusionary Housing) ☐ ☒ Low Income Housing (Inclusionary Housing) ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling ☐ ☒ Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	☐ ☒ Included in LMCCC ☐ ☒ Infill Zoning ☐ ☒ Loft Board ☐ ☒ Quality Housing ☐ ☒ Site Safety Job/Project	9I BSA Calendar No(s) _____ 9J CPC Calendar No(s) _____
9D ☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems		
9E ☐ ☒ Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> ☐ ☒ Structural Stability affected by proposed work		9K High-Rise Team Tracking Number: _____
9L CRFN(s) Restrictive Declaration / Easement (max. 4): _____		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____		

10 ECCCNY Compliance *Energy Conservation Construction Code of NYS*

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

10A Specific Reason for ECCCNY Exemption

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

11 Job Description

LEGALIZE EXISTING OPEN PORCH AND OPEN AWNING IN THE REAR YARD

11A Related DOB Job Numbers

11B Primary application job no. _____

DOB Reference Number: T00000084159-000056

User Ref ID: AWNING

12 Zoning Characteristics

12A District(s) R3 - 1 Overlay(s) Special Dist.(s) Map Number 18A				12B Street legal width: _____ 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: Lot Type: ☐ Corner ☐ Interior ☐ Through Lot Coverage _____ % Lot Area _____ sq. ft. Lot Width _____ ft. Proposed Other Details: Enclosed Parking? ☐ Yes ☐ No If yes, no. of parking spaces: _____ Perimeter Wall Height _____ ft.		
		sq. ft.			Proposed Yard Details: Check here if no yards: ☐ or Front Yard _____ ft. Rear Yard _____ ft. Rear Yard Equivalent _____ ft. Side Yard 1 _____ ft. Side Yard 2 _____ ft.		
		sq. ft.					
		sq. ft.					
		sq. ft.					
		sq. ft.					
Proposed Totals		sq. ft.					
Existing Total		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 Mixed use building? ☐ Yes ☐ No		
Structural Occupancy Category			13E Building Height 28 ft. Building Stories 2 Dwelling Units 1		
Seismic Design Category					
13C Occupancy Classification*	J-3	☐ Yes ☒ No			
Construction Classification	2-D	☐ 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):

--	--	--	--	--	--	--	--	--	--

Tentative tax lot numbers (new tax lots only):

--	--	--	--	--	--	--	--	--	--

18 Fire Protection Equipment

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

19 Open Spaces

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

20 Site Characteristics

Yes No
☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal
☐ ☒ Fire District
☐ ☒ Flood Hazard Area

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 (ECCCNY).

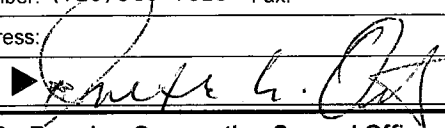
Yes No

- ☐ ☒ **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 ☒ NoName (please print): **IVETT ORTEGA**Relationship to Owner: **OWNER**Business Name/Agency: **N/A**Street Address: **91-01 96TH STREE**City: **QUEENS**State: **NY** Zip: **11421**Telephone Number: **(718) 345-7823** Fax:

E-Mail Address:

Signature and Date **26A Condo/Co-Op Board or 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-File Name:

Pre-File Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes: