



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe
Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 201-10 Street Name CROSS ISLAND PARKWAY

Borough QUEENS

Block 5775

Lot 100

BIN 4129658

CB No. 407

Work on Floor(s) 1 to 3, CEL

2 Work Type Information Required for all applications. Select all that apply.

Filling components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$ 94000

Cost: \$

Cost: \$

Total sprinkler heads in 8B: 0

Total sprinkler heads in 8A:

To remove violation(s): 1)

To remove violation(s): 1)

To remove violation(s): 1)

2)

2)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

Sanitary Drainage Discharges into: select one.

☐ Storm Sewer ☒ Combined Sewer ☐ Private Disposal

☐ Sanitary Sewer ☒ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☐ SD-1, SD-2, SD-3

☐ Site Connection

☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☒ Cap or Remove

Describe all:

PL-REMOVE 2 TOILETS & 2 URINALS ON 2ND FLOOR; 1 SHOWER ON THE 3RD FLOOR AND PIPING AS PER PLANS

☒ Replace or Relocate

Describe all:

PL-REPLACE/RELOCATE: CELLAR - 1 HOT WATER HEATER, 1 TOILET & 1 LAV; 1ST FLOOR - 2 TOILETS, 4 LAVS; 3RD FLOOR - 1 TOILET & 1 LAV AS PER PLANS

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

NON-RESIDENTIAL COOKING EQUIPMENT

Total Location(s), floor/apt. - list all that apply:
Meters total: 1 CELLAR

Risers total: 1 CELLAR - 1ST

Gas Usage: ☐ Heat ☐ Dryer ☒ Water Heater ☐ Tankless Coil
☐ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner
☐ Other:

7 Applicant's Statements and Signatures Required for all applications.

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.

Name (please print) IVAN POLLAK	
Signature 2X1 [Signature]	Date 6/19/09
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

DOB Reference Number: T00000189420-000036

User Ref ID: 22931PL

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8 Equipment Information <i>For new work only.</i>																	
System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping															
		CEL	1	2													
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry																
	P* Sprinkler Piping - Wet																
	E* Dry Pipe Valve																
	E* Booster Pump - SP																
	F Floor/Riser Control Valve																
	F Siamese FDC																
	F Sprinkler Heads																
	F Sprinkler Heads over 999																
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)																
8C Fire Standpipe (SD)	P* Standpipe Piping																
	E* Fire Pump																
	E* Special Service Fire Pump																
	F Floor/Riser Control Valve																
	F Hose Cabinet/Rack/Valve																
	F Siamese FDC																
	P* Sanitary Piping (Soil & Venting)	1	1	1													
	P* Water Piping	1	1	1													
8D Water/San. (PL)	P Water Service Piping																
	E Sewer Ejection Pump	1															
	F Bathtubs/Whirlpools/Hot Tub/Sauna																
	F Bidet																
	F Chiller/Cooler	2															
	F Dishwasher	1															
	F Domestic Water Tank/Pump																
	F Drinking Fountain																
	F Floor Drain	11	10	1													
	F Grease Trap/Oil Separator	4															
	F Ice Maker	1															
	F In-sink Garbage Disposal																
	F Lavatory (Common Wash Basin)			4													
	F Laundry - Standpipe																
	F Pool																
	F RPZ/Backflow Preventer (Primary)	1															
	F RPZ/Backflow Preventer (Secondary)																
	F Sink - Non Residential	6	6	1													
	F Sink - Residential																
	F Stall Shower																
	F Tankless Coil																
	F Toilet (Water Closet)		2	4													
	F Urinal		2	2													
	F Washing Machine																
	F Water Heater (Non-Gas)																
8E Storm (PL)	P* Storm Drainage Piping																
	E Sump Pump	1															
	F Area/Yard Drain																
	F Detention Tank																
	F Dry Well/Retention																
8F Gas (PL)	F Roof Drain																
	P* Gas Piping	1	1														
	E Emergency Shut-off Valve																
	E* Fire Suppression Shut-off Valve																
	E Gas Booster Pump																
	F Cooking Equipment (non-residential)	3	9														
	F Cooking Equipment (residential)																
	F Gas Boiler (<350K, non-comm, <6 family)																
	F Gas Burner																
	F Gas Dryer																
	F Gas Furnace																
	F Gas Meter																
	F Gas Water Heater																
8G Medical (PL)	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test may be required.

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