



## PW1: Plan / Work Application

Must be typewritten

DEPT BLDGS Job No 420287139



Scan Code ESHS4599725

**Location Information** Required for all applications

House No(s) 25-47 Street Name 30 ROAD

Borough QUEENS Block 576 Lot 60 BIN 4539156 C.B. No. 401

Work on Floor(s) 001 THR 004, CEL, OSP, ROF

Apt. / Condo No(s)

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

Last Name CHEN

First Name JOHN

Middle Initial C

Business Name JOHN C. CHEN ARCHITECT PLLC.

Business Telephone (718) 460-1345

Business Address 41-22 FULLER PLACE, 3RD FL

Business Fax (718) 460-1485

City FLUSHING

State NY

Zip 11355

Mobile Telephone

E-Mail JCCAR05@YAHOO.COM

License Number L026764

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other, please specify**Filing Representative** Complete only if different from applicant specified in section 2 Fax, mobile phone, and e-mail are optional info

Last Name YE

First Name JIAJING

Middle Initial

Business Name JOHN C. CHEN ARCHITECT PLLC.

Business Telephone (718) 460-1345

Business Address 41-22 FULLER PLACE, 3RD FL

Business Fax (718) 460-1485

City FLUSHING

State NY

Zip 11355

Mobile Telephone

E-Mail JCCAR05@YAHOO.COM

Registration Number X02609

**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 Review one ☐ Professional Certification PC1, POC1☐ Self Certification of Objections A/I☐ 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 (Superseding) Applicant 4A, 25-26☐ Reinstatement 24-26☐ Withdrawal 26☐ Specified in 4A and 6☐ Entire Job

4A Indicate existing document number affected by filing:

**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, 22, 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**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 PW1B6E ☐ CC - Curb Cut 16☐ FA - Fire Alarm☐ FP - Fire Suppression☐ SD - Standpipe PW1B6F ☐ OT/ANT - Antenna☐ FB - Fuel Burning PW1C☒ MH - Mechanical☒ SP - Sprinkler PW1B☐ OT/BPP - Builders Pavement Plan 8D6B ☒ EQ - Construction Equipment 156C ☒ OT/GC - General Construction6D ☐ OT - Other, describe☐ OT/FPP - Fire Protection Plan☐ OT/MAR - Marquee 8E, 26B

**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?<br><input type="checkbox"/> No enlargement is proposed<br><input type="checkbox"/> Yes 12, PD1<br><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>Additional Construction Floor Area: _____ sq. ft. | 8C Estimated Job Cost \$                       |
| PL                                                    | 20000 |    |      |    |      |                                                                                                                                                                                                                                                                     | 8D Street Frontage: _____ linear ft            |
| SP                                                    | 15000 |    |      |    |      |                                                                                                                                                                                                                                                                     | 8E Height: _____ ft. Width: _____ ft.          |
|                                                       |       |    |      |    |      |                                                                                                                                                                                                                                                                     | 8F Name of cluster or development below: _____ |
| 8G Total Construction Floor Area: <b>4930</b> sq. ft. |       |    |      |    |      |                                                                                                                                                                                                                                                                     | Project lead job no. _____                     |

**9 Additional Considerations, Limitations or Restrictions**

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

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

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

NEW TWO FAMILY DWELLING UNITS.

**11A Related DOB Job Numbers**

11B Primary application job no. \_\_\_\_\_

|                                                                                                                            |  |                     |            |                                                                                            |                                                                                                                         |  |  |                                                                |  |  |
|----------------------------------------------------------------------------------------------------------------------------|--|---------------------|------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------|--|--|
| <b>12 Zoning Characteristics</b>                                                                                           |  |                     |            |                                                                                            |                                                                                                                         |  |  |                                                                |  |  |
| 12A District(s) <b>R6 A</b>                                                                                                |  |                     |            | 12B Street legal width: 60 ft. 60 55 53 52                                                 |                                                                                                                         |  |  |                                                                |  |  |
| Overlay(s)                                                                                                                 |  |                     |            | Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private |                                                                                                                         |  |  |                                                                |  |  |
| Special Dist.(s)                                                                                                           |  |                     |            | If the zoning lot includes multiple tax lots, list all tax lots here ►                     |                                                                                                                         |  |  |                                                                |  |  |
| Map Number <b>9A</b>                                                                                                       |  |                     |            |                                                                                            |                                                                                                                         |  |  |                                                                |  |  |
| 12C Proposed Use*                                                                                                          |  | Zoning Floor Area   | District   | FAR                                                                                        | Proposed Lot Details.                                                                                                   |  |  | Proposed Yard Details:                                         |  |  |
| <b>RESIDENTIAL</b>                                                                                                         |  | 3929 sq. ft.        | <b>R6A</b> | <b>3.0</b>                                                                                 | Lot Type: <input checked="" type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through |  |  | Check here if no yards: <input checked="" type="checkbox"/> or |  |  |
|                                                                                                                            |  | sq. ft.             |            |                                                                                            | Lot Coverage 80 %                                                                                                       |  |  | Front Yard ft.                                                 |  |  |
|                                                                                                                            |  | sq. ft.             |            |                                                                                            | Lot Area 5008 sq. ft.                                                                                                   |  |  | Rear Yard ft.                                                  |  |  |
|                                                                                                                            |  | sq. ft.             |            |                                                                                            | Lot Width 100 ft.                                                                                                       |  |  | Rear Yard Equivalent ft.                                       |  |  |
|                                                                                                                            |  | sq. ft.             |            |                                                                                            | Proposed Other Details:                                                                                                 |  |  | Side Yard 1 ft.                                                |  |  |
|                                                                                                                            |  | sq. ft.             |            |                                                                                            | Enclosed Parking? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |  |  | Side Yard 2 ft.                                                |  |  |
| <b>Proposed Totals</b>                                                                                                     |  | <b>3929</b> sq. ft. |            | <b>3.0</b>                                                                                 | If yes, no. of parking spaces                                                                                           |  |  |                                                                |  |  |
| <b>Existing Total</b>                                                                                                      |  |                     |            |                                                                                            | Perimeter Wall Height 41 ft.                                                                                            |  |  |                                                                |  |  |
| *Use can be one of the following residential, commercial, manufacturing, or community facility List only one use per line. |  |                     |            |                                                                                            |                                                                                                                         |  |  |                                                                |  |  |

|                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |          |  |                                                                                                         |  |                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|----------|--|---------------------------------------------------------------------------------------------------------|--|----------------------------|--|
| <b>13 Building Characteristics</b> *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.                                                                                                                                                                                                          |  |                                                          |  |          |  |                                                                                                         |  |                            |  |
| 13A Primary structural system, choose one: <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete) |  |                                                          |  |          |  |                                                                                                         |  |                            |  |
| 13B                                                                                                                                                                                                                                                                                                                                                    |  | Existing                                                 |  | Proposed |  | 13D Building Type: <input checked="" type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other |  |                            |  |
| Structural Occupancy Category                                                                                                                                                                                                                                                                                                                          |  |                                                          |  | 2        |  | Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No                           |  |                            |  |
| Seismic Design Category                                                                                                                                                                                                                                                                                                                                |  |                                                          |  | B        |  | 13E                                                                                                     |  |                            |  |
| 13C Occupancy Classification*                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | R-3      |  | <input checked="" type="checkbox"/> Yes**                                                               |  | Existing                   |  |
| Construction Classification                                                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 2-A      |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                     |  | Proposed                   |  |
| Multiple Dwelling Classification                                                                                                                                                                                                                                                                                                                       |  |                                                          |  |          |  |                                                                                                         |  | Building Height ft. 47 ft. |  |
|                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |          |  |                                                                                                         |  | Building Stories 4         |  |
|                                                                                                                                                                                                                                                                                                                                                        |  |                                                          |  |          |  |                                                                                                         |  | Dwelling Units 2           |  |
| 13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968                                                                                                                                                                                |  |                                                          |  |          |  |                                                                                                         |  |                            |  |
| The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968                                                                                                                                                                 |  |                                                          |  |          |  |                                                                                                         |  |                            |  |

|                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>14 Fill Choose one.</b>                                                                                                                                           |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards |  |  |  |  |  |  |  |  |  |

|                                             |  |                                        |  |                                       |  |  |  |  |  |
|---------------------------------------------|--|----------------------------------------|--|---------------------------------------|--|--|--|--|--|
| <b>15 Construction Equipment</b>            |  |                                        |  |                                       |  |  |  |  |  |
| <input type="checkbox"/> Chute              |  | <input type="checkbox"/> Sidewalk Shed |  | Construction Material: <b>PLYWOOD</b> |  |  |  |  |  |
| <input checked="" type="checkbox"/> Fence   |  | Size: linear ft.                       |  | BSA/MEA Approval No.                  |  |  |  |  |  |
| <input type="checkbox"/> Supported Scaffold |  | <input type="checkbox"/> Other.        |  |                                       |  |  |  |  |  |

|                                 |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|
| <b>16 Curb Cut Description</b>  |  |  |  |  |  |  |  |  |  |
| Size of cut (with splays): ft.  |  |  |  |  |  |  |  |  |  |
| Distance to nearest corner: ft. |  |  |  |  |  |  |  |  |  |
| to street:                      |  |  |  |  |  |  |  |  |  |

|                                                                 |  |  |  |  |  |  |  |  |  |
|-----------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| <b>17 Tax Lot Characteristics</b>                               |  |  |  |  |  |  |  |  |  |
| Original tax lots being merged or reapportioned (if applicable) |  |  |  |  |  |  |  |  |  |
| 51                                                              |  |  |  |  |  |  |  |  |  |
| Tentative tax lot numbers (new tax lots only):                  |  |  |  |  |  |  |  |  |  |
| 60 55 53 52                                                     |  |  |  |  |  |  |  |  |  |

|                                     |                          |                          |                                     |                                     |  |  |  |  |  |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|
| <b>18 Fire Protection Equipment</b> |                          |                          |                                     |                                     |  |  |  |  |  |
|                                     | Existing                 |                          | Proposed                            |                                     |  |  |  |  |  |
|                                     | Yes                      | No                       | Yes                                 | No                                  |  |  |  |  |  |
| Fire Alarm                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |  |  |  |  |
| Fire Suppression                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |  |  |  |  |  |
| Sprinkler                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |  |  |  |  |
| Standpipe                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |  |  |  |  |  |

|                       |          |  |          |  |                |          |  |          |  |
|-----------------------|----------|--|----------|--|----------------|----------|--|----------|--|
| <b>19 Open Spaces</b> |          |  |          |  |                |          |  |          |  |
|                       | 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 |          |  |          |  |

|                                |                                     |                              |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------------|------------------------------|--|--|--|--|--|--|--|
| <b>20 Site Characteristics</b> |                                     |                              |  |  |  |  |  |  |  |
| Yes No                         |                                     |                              |  |  |  |  |  |  |  |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> | Tidal / Fresh Water Wetlands |  |  |  |  |  |  |  |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> | Urban Renewal                |  |  |  |  |  |  |  |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> | Fire District                |  |  |  |  |  |  |  |
| <input type="checkbox"/>       | <input checked="" type="checkbox"/> | Flood Hazard Area            |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
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| <b>21</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Demolition Details</b> <i>*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4)</i> |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| Yes No<br>21A <input type="checkbox"/> <input type="checkbox"/> Demo filing is for a secondary structure? <i>If yes, specify structure being demolished</i><br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? <i>If yes, mechanical means will demolish</i> <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure<br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? <i>If yes, describe equipment proposed</i><br>21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <b>22</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asbestos Abatement Compliance</b> <i>Choose one</i>                                                                                         |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP)<br><input type="checkbox"/> The scope of work does <b>not</b> require related asbestos abatement as defined in the regulations of the NYC DEP.<br><input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <b>23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Sign</b>                                                                                                                                    |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Purpose:</td> <td style="width: 20%;">Type:</td> <td style="width: 20%;">Estimated Cost: \$</td> <td style="width: 40%;">23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect</td> </tr> <tr> <td><input type="checkbox"/> Advertising</td> <td><input type="checkbox"/> Illuminated 23A</td> <td>Total Square Feet: _____</td> <td>Yes No</td> </tr> <tr> <td><input type="checkbox"/> Non-Advertising</td> <td><input type="checkbox"/> Non-Illuminated</td> <td>Height above Curb: _____ ft. in.</td> <td><input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i></td> </tr> <tr> <td>Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall</td> <td>Height above Roof: _____ ft. in.</td> <td></td> <td>23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?</td> </tr> <tr> <td>Yes No</td> <td></td> <td></td> <td>23C Sign wording. <i>If extensive, provide only key wording.</i></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by</i> _____ ft. in.</td> <td></td> <td></td> <td>23D Distance from Arterial Highway: _____ ft.</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i></td> <td></td> <td></td> <td>23E Distance from Park 1/2 acre or more: _____ ft.</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i></td> <td></td> <td></td> <td>23F OAC Sign Number: _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i></td> <td></td> <td></td> <td>23G OAC Registration Number: _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">           ► If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F         </td> </tr> </table> |                                                                                                                                                |                                  |                                                                                                                                                          | Purpose: | Type: | Estimated Cost: \$ | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect | <input type="checkbox"/> Advertising | <input type="checkbox"/> Illuminated 23A | Total Square Feet: _____ | Yes No | <input type="checkbox"/> Non-Advertising | <input type="checkbox"/> Non-Illuminated | Height above Curb: _____ ft. in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> | Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall | Height above Roof: _____ ft. in. |  | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? | Yes No |  |  | 23C Sign wording. <i>If extensive, provide only key wording.</i> | <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by</i> _____ ft. in. |  |  | 23D Distance from Arterial Highway: _____ ft. | <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i> |  |  | 23E Distance from Park 1/2 acre or more: _____ ft. | <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i> |  |  | 23F OAC Sign Number: _____ | <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i> |  |  | 23G OAC Registration Number: _____ | <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i> |  |  |  | ► If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F |  |  |  |
| Purpose:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type:                                                                                                                                          | Estimated Cost: \$               | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect                                |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Illuminated 23A                                                                                                       | Total Square Feet: _____         | Yes No                                                                                                                                                   |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> Non-Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Non-Illuminated                                                                                                       | Height above Curb: _____ ft. in. | <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Height above Roof: _____ ft. in.                                                                                                               |                                  | 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?                                                               |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                |                                  | 23C Sign wording. <i>If extensive, provide only key wording.</i>                                                                                         |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by</i> _____ ft. in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |                                  | 23D Distance from Arterial Highway: _____ ft.                                                                                                            |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                |                                  | 23E Distance from Park 1/2 acre or more: _____ ft.                                                                                                       |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |                                  | 23F OAC Sign Number: _____                                                                                                                               |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |                                  | 23G OAC Registration Number: _____                                                                                                                       |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| ► If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |
| <b>24</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Comments</b> <i>Place additional comments on an AI-1 form See Guide for proper incorporation of professional certification statements.</i>  |                                  |                                                                                                                                                          |          |       |                    |                                                                                                                           |                                      |                                          |                          |        |                                          |                                          |                                  |                                                                                                                                                          |                                                                                                           |                                  |  |                                                                                            |        |  |  |                                                                  |                                                                                                                              |  |  |                                               |                                                                                                   |  |  |                                                    |                                                                                                                             |  |  |                            |                                                                                                                          |  |  |                                    |                                                                                                                              |  |  |  |                                                                                                                                       |  |  |  |

ONE ZOING LOT COMPRISES OF 4 TAX LOTS. ZOING LOT EXHIBITS TO BE FILED AND RECORDED SEPARATELY.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                                                                                                                |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| <b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Applicant's Statements and Signatures</b> <i>Required for all applications.</i> |                                                                                                                |  |
| <p>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 completion of a violation requiring 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 of Buildings. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and specifications thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. <input type="checkbox"/> (+check box) except as set forth in the attached engineering documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.</p> <p><b>Cluster Development Statement</b> (if applicable) I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.</p> |                                                                                    |                                                                                                                |  |
| Yes No<br><input type="checkbox"/> <input checked="" type="checkbox"/> For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?<br><input type="checkbox"/> <input type="checkbox"/> Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | Name (please print)<br>JOHN CHEN<br>Signature _____ Date _____<br>PE / RA Seal (Apply seal and date over seal) |  |

**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) ANGELA LU

Relationship to Owner OWNER

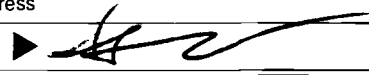
Business Name/Agency LUS REALTY LLC

Street Address 192-37 UNDERHILL AVE, 2ND FLOOR

City FRESHMEAD State: NY Zip: 11365

Telephone Number (646)779-1628 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-Filer Name:

Pre-Filer Signature

Date:

Cost Estimate \$

Amount Due: \$

Verified by ▼

Date ▼

Initial Amount Paid \$

Balance Due \$

Stamps, Certifications and Notes: