



PW1A: Schedule A - Occupancy / Use

Must be typewritten.

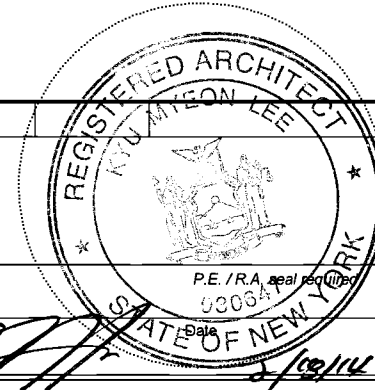
Sheet 1 of 2



Floor	Existing Legal Use						Proposed Use *Use 2008 Code equivalents only even for older Codes.					
	Maximum Number of Persons	Live Load (psf)	2008 Code Designations?	Building Code Occupancy Group(s)	Dwelling/ Rooming Units (BC)	Zoning Use Group(s)	Maximum Number of Persons	Live Load (psf)	2008 Code Designations only *	Building Code Occupancy Group(s)	Dwelling/ Rooming Units (BC)	Zoning Use Group(s)
CEL		OG	☐ Yes ☒ No	C	0	6	20	OG	☒ Yes	B	0	4
	Description: ACCESSORY STORAGE FOR 1ST FLOOR STORE & BOILER RM.						Description: AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITIES					
001		100	☐ Yes ☒ No	C	0	6	22	60	☒ Yes	B	0	4
	Description: FURNITURE STORE						Description: AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITIES					
002		40	☐ Yes ☒ No	J-3	1	2	10	40	☒ Yes	B	0	4
	Description: DWELLING						Description: AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITIES					
003		40	☐ Yes ☒ No	J-3			10	40	☒ Yes	B	0	4
	Description: DWELLING						Description: AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITIES					
			☐ Yes ☐ No						☒ Yes			
	Description:						Description:					

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 hereby state all the above information is complete and correct to the best of my knowledge.

Applicant's Name (please print)
KYU MYEON LEE
 Signature



2 Building Notes to appear on the Certificate of Occupancy**3 Applicant's Statements and Signatures** *Required for all applications.*

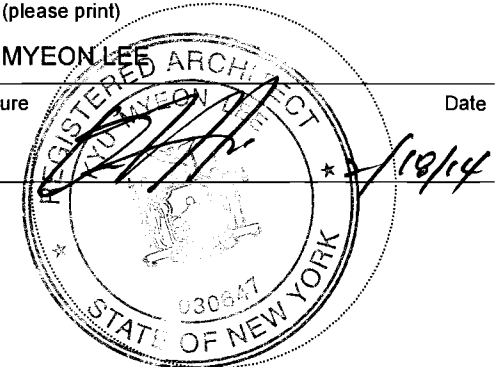
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Name (please print)

KYU MYEON LEE

Signature

Date

Internal Use Only

P.E. / R.A. Seal (apply seal, then sign and date over seal)