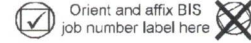




PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.



DOCT#03

Page 1 of

1 Location Information Required for all applications.

House No(s) 161-18 Street Name 97 STREET

Borough QUEENS Block 14192 Lot 14 BIN 4295683 CB No. 410

Work on Floor(s) CELL 001 002

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

Filing components/fixtures? ☐ Yes ☐ No

☒ Plumbing - PL

☐ Sprinkler - SP

☐ Standpipe - SD

Cost: \$

Cost: \$

Cost: \$

Total sprinkler heads in 8B:

Total sprinkler heads in 8A:

To remove violation(s): 1)

To remove violation(s): 1)

To remove violation(s): 1)

2)

2)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

Sanitary Drainage Discharges into: select one.

☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal

☐ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☐ HCP-1/HCP-2

☐ Site Connection

☐ Septic Tank

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

☒ Cap or Remove Describe all:

1ST FLOOR: REMOVE (1) SH, (1)LAV, (1)WC, (1) SINK, (1) GAS RANGE

☐ Replace or Relocate Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No

Describe gas fired equipment:

1 ST FLOOR: (1) GAS BURNER, (1) RANGE

CELLAR: (1) DRYER(EXISTING), (1) HWH (EXISTING), (1) BL(EXISTING)

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

Risers total: 1 CELL - 001

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

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

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print) KRIS KOZBOWSKI

Signature Date 8/10/22

STATE OF NEW YORK 20467

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

8 Equipment Information *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors <i>indicate no. of proposed components and/or "X" for piping</i>															
		01	02														
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry																
	P* Sprinkler Piping - Wet																
	E* Dry Pipe Valve																
	E* Booster Pump - SP																
	F Floor/Riser Control Valve																
	F Siamese FDC																
	F Sprinkler Heads																
	F Sprinkler Heads over 999																
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)																
8C Fire Standpipe (SD)	P* Standpipe Piping																
	E* Fire Pump																
	E* Special Service Fire Pump																
	F Floor/Riser Control Valve																
	F Hose Cabinet/Rack/Valve																
8D Water/San. (PL)	F Siamese FDC																
	P* Sanitary Piping (Soil & Venting)																
	P* Water Piping	1	1														
	P Water Service Piping																
	E Sewer Ejection Pump																
	E Submersibles																
	F Bathtubs/Whirlpools/Hot Tub/Sauna		1														
	F Bidet																
	F Chiller/Cooler																
	F Dishwasher	1															
	F Domestic Water Tank/Pump																
	F Drinking Fountain																
	F Floor Drain																
	F Grease Trap/Oil Separator/GRD																
	F Ice Maker																
	F In-sink Garbage Disposal																
	F Lavatory (Common Wash Basin)	1	2														
	F Laundry - Standpipe																
	F Pool																
	F RPZ/Backflow Preventer (Primary)																
	F RPZ/Backflow Preventer (Secondary)																
	F Sink - Non Residential																
	F Sink - Residential	1															
	F Stall Shower	1	1														
	F Tankless Coil																
	F Toilet (Water Closet)	1	1														
	F Urinal																
	F Washing Machine																
	F Water Heater (Non-Gas)																
8E Storm (PL)	P* Storm Drainage Piping																
	E Sump Pump																
	F Area/Yard Drain																
	F Detention Tank																
	F Dry Well/Retention																
8F Gas (PL)	F Roof Drain																
	P* Gas Piping	1															
	E Emergency Shut-off Valve																
	E* Fire Suppression Shut-off Valve																
	E Gas Booster Pump																
	F Cooking Equipment (non-residential)																
	F Cooking Equipment (residential)	1															
	F Gas Boiler (<350K, non-comm,<6 family)																
	F Gas Burner	1															
	F Gas Dryer																
	F Gas Furnace																
	F Gas Meter																
	F Gas Water Heater																
8G Medical (PL)	P* Medical Gas Piping																
	E Assorted Medical Equipment																

** Must be off domestic.

* Indicates test **may** be required.