



# PW1: Plan / Work Application

Must be typewritten

DEPT BLDGS Job No 421435432



Scan Code ESHS1274218

PAA #04

## 1 Location Information Required for all applications

House No(s) 80-50

Street Name 208 STREET

Borough QUEENS

Block 7781

Lot 1

BIN 4164500

C.B. No. 411

Work on Floor(s) CEL,BAS 001 thru 002

Apt. / Condo No(s)

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

Last Name LIN

First Name EMILY

Middle Initial

Business Name LIN & ASSOCIATES ARCHITECTS PC

Business Telephone (718) 850-6780

Business Address 83-75 117TH STREET,UNIT #1B

Business Fax (718) 850-6739

City KEW GARDENS

State NY

Zip 11418

Mobile Telephone

E-Mail INFO@LINARCHITECTS.COM

License Number 022512

Choose one ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ R.L.A. ☐ Other:

## 3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info

Last Name TAN/WENG/FOO

First Name KIM/YALIN/JKIM

Middle Initial

Business Name LIN & ASSOCIATES ARCHITECTS PC

Business Telephone (718) 850-6780

Business Address 83-75 117TH STREET,UNIT #1B

Business Fax (718) 850-6739

City KEW GARDENS

State NY

Zip 11418

Mobile Telephone

E-Mail INFO@LINARCHITECTS.COM

Registration Number 002673

## 4 Filing Status Required for all applications. Choose one and provide specified associated information

☐ Initial Filing 5, 7, 11, 12A, 25-26

Choose only one:

☐ Standard Plan Examination or Review

☐ Professional Certification PC1, POC1

☐ Professional Certification of Objections A11

☐ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☒ Post Approval Amendment (PAA) 4A, 6, 24-25

Will 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: 01

## 5 Job/Project Types Choose one and provide specified associated information

☐ Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5)

6A-E, 8B-C, 9-10, 12, 13C-F, 14, 18-20, 22 &

PW1A, PD1

☐ 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, 20, 22

☐ New Building 6A-E, 8F-G, 9A, 9C-K, 10, 12 &

13A-E, 14, 18-20, PW1A, PD1

☐ Sign 5A, 6B-D, 9A, 9D, 22-23

☐ Full Demolition 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22

☐ Subdivision 9A, 9D, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☐ Yes ☒ No

## 6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.

6A ☐ BL - Boiler PW1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW1C

6B ☐ EQ - Construction Equipment 15

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☐ MH - Mechanical

6C ☒ OT/GC - General Construction

☐ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☐ SP - Sprinkler PW1B

6D ☐ OT - Other, describe

6E ☐ CC - Curb Cut 16

☐ OT/LAN - Landscape

6F ☐ OT/ANT - Antenna

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

**7 Plans/Construction Documents Submitted** *Plans are required for most applications*Are plans being submitted with this PW1? ☒ Yes ☐ No *If yes, do the plans include* ☐ FO — Foundation ☐ EN — Energy Analysis**8 Additional Information**

|    |    |      |    |      |    |      |                                                                       |                                           |
|----|----|------|----|------|----|------|-----------------------------------------------------------------------|-------------------------------------------|
| 8A | WT | Cost | WT | Cost | WT | Cost | 8B Is a building enlargement proposed?                                | 8C Estimated Job Cost \$                  |
|    |    |      |    |      |    |      | <input checked="" type="checkbox"/> No enlargement is proposed        | 8D Street Frontage: linear ft.            |
|    |    |      |    |      |    |      | <input type="checkbox"/> Yes 12, PD1                                  | 8E Height: ft. Width: ft.                 |
|    |    |      |    |      |    |      | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F Total Construction Floor Area: sq. ft. |
|    |    |      |    |      |    |      | Additional Construction Floor Area: sq. ft.                           |                                           |

**9 Additional Considerations, Limitations or Restrictions**9A Review is requested under which building code? ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

Yes No

Yes No

9B ☐ ☐ Alteration required to meet New Building requirements (28-101.4.5) *If yes, 13A-B*☐ ☐ Alteration is a major change to exits9C ☐ ☒ Façade Alteration☐ ☒ Adult Establishment *If yes, plot diagram (except DM)*☐ ☒ Compensated Development (Inclusionary Housing)☐ ☒ Low Income Housing (Inclusionary Housing)☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☒ ☐ Filing includes Lot Merger / Reapportionment *If yes, 17*9D ☐ ☒ Landmark☐ ☒ Little "E" or RD Site☐ ☒ Unmapped/CCO Street☐ ☒ Requesting legalization of work where no work without a permit violations have been issued☐ ☒ Other (please specify on line provided below):☐ ☒ CRFN(s) Restrictive Declaration / Easement (max 4):☐ ☒ CRFN(s) Zoning Exhibit (I, II, III, etc. - max 4):9E ☐ ☒ BSA Calendar Numbers (max 5):9F ☐ ☒ CPC Calendar Numbers (max 5):9G ☒ ☐ Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]9H ☐ ☒ Work includes modular construction under New York State jurisdiction☐ ☒ Work includes modular construction under New York City jurisdiction9J ☐ ☒ Structural peer review required per BC 16. *If yes, provide NYS P.E. license number:*9K ☐ ☒ Work includes permanent removal of standpipe, sprinkler or fire suppression related systems9L ☐ ☒ Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building *If yes, 21B*☐ ☒ Structural stability affected by proposed work**10 NYCECC Compliance** *New York City Energy Conservation Code*☒ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC\*Code Compliance Path (choose one): ☒ NYCECC ☐ ASHRAEEnergy Analysis (choose one): ☐ Tabular Analysis ☒ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC\* in accordance with one of the following (choose one):☐ The work is an alteration of a State or National historic building.☐ The scope of the work is entirely in a "low-energy building" and is limited to the building envelope.☐ The entire scope of work involves a temporary structure and/or one or more of the following work types:

FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.

☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>11 Job Description</b>       | <b>11A Related DOB Job Numbers</b> |
|                                 |                                    |
| 11B Primary application job no. |                                    |

|                                                                 |        |            |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------|--------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 Zoning Characteristics</b>                                |        |            |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12A District(s)<br>Overlay(s)<br>Special Dist.(s)<br>Map Number |        |            | 12B Street legal width: _____ ft.<br>Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private<br><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i> |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12C Proposed Use*                                               | Zoning | Floor Area | District                                                                                                                                                                                                         | FAR | Proposed Lot Details:<br>Lot Type: <input type="checkbox"/> Corner <input checked="" type="checkbox"/> Interior <input type="checkbox"/> Through<br>Lot Coverage _____ %<br>Lot Area _____ sq. ft.<br>Lot Width _____ ft.<br>Proposed Other Details:<br>Enclosed Parking? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, no of parking spaces</i><br>Perimeter Wall Height _____ ft. |
|                                                                 |        | sq. ft.    |                                                                                                                                                                                                                  |     | Proposed Yard Details:<br>Check here if no yards: <input type="checkbox"/> or<br>Front Yard _____ ft.<br>Rear Yard _____ ft.<br>Rear Yard Equivalent _____ ft.<br>Side Yard 1 _____ ft.<br>Side Yard 2 _____ ft.                                                                                                                                                                                                        |
|                                                                 |        | sq. ft.    |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                 |        | sq. ft.    |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                 |        | sq. ft.    |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                 |        | sq. ft.    |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Proposed Totals</b>                                          |        | sq. ft.    |                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Existing Total</b>                                           |        | sq. 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 2014 Code equivalents only. †Residential w/other use                                                                                                                                                                                                                                                                                                        |                                                                     |                         |                                                                     |                                                                                                                                                                                          |          |
| 13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input checked="" 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<br>Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No |          |
| Structural Occupancy/Risk Cat.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | 2014 Code Designations? |                                                                     | 13E Existing                                                                                                                                                                             | Proposed |
| Seismic Design Cat.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                         | 2014 Code Designations?                                             | Building Height                                                                                                                                                                          | ft.      |
| 13C Occupancy Classification*                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         | <input checked="" type="checkbox"/> Yes**                           | Building Stories                                                                                                                                                                         | ft.      |
| Construction Classification                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling Units                                                                                                                                                                           |          |
| Multiple Dwelling Classification                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                         |                                                                     |                                                                                                                                                                                          |          |
| 13F Building was originally erected pursuant to which Building Code: <input checked="" type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968<br>The earliest Code with which this building or any part of it is required to comply: <input checked="" type="checkbox"/> 2014 <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 type="checkbox"/> On-Site | <input type="checkbox"/> Off-Site | <input checked="" type="checkbox"/> Under 300 cubic yards |

|                                                                                                                                                                                                                                                                                               |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>15 Construction Equipment</b>                                                                                                                                                                                                                                                              | <b>16 Curb Cut Description</b>                                                                    |
| <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Construction Material.<br><input type="checkbox"/> Fence Size: _____ linear ft. BSA/MEA Approval No. _____<br><input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other _____ | Size of cut (with splays): _____ ft.<br>Distance to nearest corner: _____ ft.<br>to street: _____ |

| <b>17 Tax Lot Characteristics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>18 Fire Protection Equipment</b>               |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|----------|--|--------|--------|------------|---------------------------------------------------|---------------------------------------------------|------------------|---------------------------------------------------|---------------------------------------------------|-----------|---------------------------------------------------|---------------------------------------------------|-----------|---------------------------------------------------|---------------------------------------------------|
| Original tax lots being merged or reapportioned (if applicable):<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> Tentative tax lot numbers (new tax lots only):<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th style="text-align: center;">Existing</th> <th style="text-align: center;">Proposed</th> </tr> <tr> <th></th> <th style="text-align: center;">Yes No</th> <th style="text-align: center;">Yes No</th> </tr> <tr> <td>Fire Alarm</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> |  | Existing | Proposed |  | Yes No | Yes No | Fire Alarm | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Fire Suppression | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Sprinkler | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | Standpipe | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                                                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Existing                                          | Proposed                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes No                                            | Yes No                                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
| Fire Alarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
| Fire Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
| Sprinkler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |
| Standpipe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |          |          |  |        |        |            |                                                   |                                                   |                  |                                                   |                                                   |           |                                                   |                                                   |           |                                                   |                                                   |

| 19 Open Spaces |          |          |                |          |          |
|----------------|----------|----------|----------------|----------|----------|
|                | Existing | Proposed |                | Existing | Proposed |
| Plaza Area     | sq. ft.  | sq. ft.  | Arcade Area    | sq. ft.  | sq. ft.  |
| Parking Area   | sq. ft.  | sq. ft.  | Parking Spaces |          |          |
| Loading Berths | sq. ft.  | sq. ft.  | Loading Berths |          |          |

| 20 Site Characteristics                                                                                                                                                                                                        | 20A Flood Hazard Area Information                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No<br><input type="checkbox"/> <input type="checkbox"/> Tidal Wetlands<br><input type="checkbox"/> <input type="checkbox"/> Coastal Erosion Hazard Area<br><input type="checkbox"/> <input type="checkbox"/> Fire District | Yes No<br><input type="checkbox"/> <input type="checkbox"/> Freshwater Wetlands<br><input type="checkbox"/> <input type="checkbox"/> Urban Renewal<br><input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area <i>If yes, 20A</i><br><input type="checkbox"/> <input type="checkbox"/> Substantial improvement?<br><input type="checkbox"/> <input type="checkbox"/> Substantially damaged?<br><input type="checkbox"/> <input type="checkbox"/> Floodshields part of proposed work? |

| 21 Demolition Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).</i><br>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: <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure</i><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<br><input type="checkbox"/> <input type="checkbox"/> The scope of work involves raising/moving of a building |

| 22 Asbestos Abatement Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Choose one.<br><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 the work is not an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i><br>DEP ACP-5 Control No. _____<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)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1 |

| 23 Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising<br>Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated<br>Estimated Cost: \$ _____<br>Total Square Feet: _____<br>Height above Curb: _____ ft. in.<br>Height above Roof: _____ ft. in.<br>Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall<br>Yes No<br><input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by _____ ft. in.</i><br><input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i><br><input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i><br><input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i><br><input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i><br>.....► <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</i> | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect<br>Yes No<br><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><br>23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?<br>23C Sign wording. <i>If extensive, provide only key wording.</i><br>23D Distance from Arterial Highway: _____ ft.<br>23E Distance from Park 1/2 acre or more: _____ ft.<br>23F OAC Sign Number: _____<br>23G OAC Registration Number: _____ |

| 24 Comments                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|
| Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements. |

TO ADD SOIL PERCOLATION TEST IN ITEMS REQUIRED FOR JOB

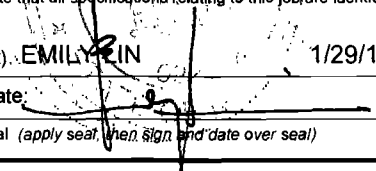
**25 Applicant's Statements and Signatures** *Required for all applications*

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. 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 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 work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. ☐ (check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. **Cluster Development Statement** (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.

For initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? ☐ Yes ☐ No

**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 ☐ Yes ☐ No

Name (print): **EMILY REIN** 1/29/18

Sign and Date:   
P E / R A Seal (apply seal, then sign 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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

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 all applicable laws, rules, and regulations.

Yes No

☐ ☐ **Fee Exemption Request (Non-Profit Owned and Operated)**  
In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purposes. ★

☐ ☐ **Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated)** The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★

☐ ☐ **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 New York State Homes and Community Renewal (NYSHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.

☐ The owner has notified the New York State Homes and Community Renewal (NYSHCR) 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 NYSHCR notified:** \_\_\_\_\_

☐ ☐ **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 and the work is not inconsistent with the current certificate of 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 satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

**Notes for Section 26A:** Section required if unit owner signed Section 26. Signature required for authorized representative of Condo or Co-Op board.

★ For fee waivers, please see the PW1 User Guide.

Owner: ☒ Individual ☐ Partnership ☐ NYCHA / HHC  
Type: ☐ Corporation ☐ Other Government ☐ NYC Agency  
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the deed holder a non-profit organization? ☐ Yes ☒ No

Name (please print): \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Business Name/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: NY Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature and Date 

**26A Condo/Co-Op Board** *See note in bottom left corner of page.*

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature and Date 

**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: \_\_\_\_\_