



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

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DEPT BLDGS Job No. 421470562



Scan Code ESHS9426471

1 Location Information Required for all applications.

House No(s) 224-58 Street Name 76 AVENUE
Borough QUEENS Block 7832 Lot 35 BIN 416+65777 CB No. 411
Work on Floor(s) CEL,01,02,OSP

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:
☐ Replace or Relocate Describe all:
REPLACE WASHING MACHINE, UTILITY SINK,
TOILET, LAVATORY AND SHOWER
AT CELLAR LEVEL REPLACE TO.
NOTE: ELECTRIC DRYER,

6 Gas and Gas Equipment Data

Gas piping involved? ☐ Yes ☒ No Describe gas fired equipment:
NO GAS USE

Total Location(s), floor/apt. - list all that apply:
Meters total: _____
Risers total: _____
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)
ROXANA P ESCOBAR, R.A.
Signature _____ Date _____
REGISTERED ARCHITECT
ROXANA PATRICIA ESCOBAR
041862
STATE OF NEW YORK
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 indicate no. of proposed components and/or "X" for piping												
		CEL	01	02	OSP									
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry													
	P* Sprinkler Piping - Wet													
	E* Dry Pipe Valve													
	E* Booster Pump - SP													
	F Floor/Riser Control Valve													
	F Siamese FDC													
	F Sprinkler Heads													
	F Sprinkler Heads over 999													
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)													
8C Fire Standpipe (SD)	P* Standpipe Piping													
	E* Fire Pump													
	E* Special Service Fire Pump													
	F Floor/Riser Control Valve													
	F Hose Cabinet/Rack/Valve													
	F Siamese FDC													
8D Water/San. (PL)	P* Sanitary Piping (Soil & Venting)													
	P* Water Piping													
	P Water Service Piping													
	E Sewer Ejection Pump													
	E Submeters													
	F Bathtubs/Whirlpools/Hot Tub/Sauna													
	F Bidet													
	F Chiller/Cooler													
	F Dishwasher													
	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)													
	F Laundry - Standpipe													
	F Pool													
	F RPZ/Backflow Preventer (Primary)													
	F RPZ/Backflow Preventer (Secondary)													
	F Sink - Non Residential													
	F Sink - Residential													
	F Stall Shower													
	F Tankless Coil													
	F Toilet (Water Closet)													
	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													
	F Roof Drain													
8F Gas (PL)	P* Gas Piping	0												
	E Emergency Shut-off Valve													
	E* Fire Suppression Shut-off Valve													
	E Gas Booster Pump													
	F Cooking Equipment (non-residential)													
	F Cooking Equipment (residential)													
	F Gas Boiler (<350K, non-comm,<6 family)													
	F Gas Burner													
	F Gas Dryer	0												
	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.