



PW1A: Schedule A - Occupancy / Use

Must be typewritten.

Sheet 1 of 3

☒ Orient and affix BIS job number label here ☒

| Floor | Existing Legal Use                    |                 |                                                          |                                  |                              |                     | Proposed Use <small>*Use 2008 Code equivalents only even for older Codes.</small> |                 |                                         |                                  |                              |                     |
|-------|---------------------------------------|-----------------|----------------------------------------------------------|----------------------------------|------------------------------|---------------------|-----------------------------------------------------------------------------------|-----------------|-----------------------------------------|----------------------------------|------------------------------|---------------------|
|       | Maximum Number of Persons             | Live Load (psf) | 2014 Code Designations?                                  | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) | Maximum Number of Persons                                                         | Live Load (psf) | 2014 Code Designations only*            | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) |
| Cel.  |                                       |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                                                                                   | 100             | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description: Ordinary                 |                 |                                                          |                                  |                              |                     | Description: storage, Bathroom, laundry and boiler room                           |                 |                                         |                                  |                              |                     |
| 1     |                                       |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                                                                                   | 100             | <input checked="" type="checkbox"/> Yes | B                                | 0                            | 6B                  |
|       | Description: office                   |                 |                                                          |                                  |                              |                     | Description: Office                                                               |                 |                                         |                                  |                              |                     |
| 2     |                                       |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                                                                                   |                 | <input checked="" type="checkbox"/> Yes | R-2                              | 2                            | 2A                  |
|       | Description: part of 1st floor office |                 |                                                          |                                  |                              |                     | Description: Part of 1st floor and 2 family dwelling                              |                 |                                         |                                  |                              |                     |
| 3     |                                       |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                                                                                   | 40              | <input checked="" type="checkbox"/> Yes | R-2                              | 3                            | 2A                  |
|       | Description: No 3rd floor             |                 |                                                          |                                  |                              |                     | Description: 3 family dwelling                                                    |                 |                                         |                                  |                              |                     |
| 4     |                                       |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                                                                                   | 40              | <input checked="" type="checkbox"/> Yes | R-2                              | 3                            | 2A                  |
|       | Description: No 4th floor             |                 |                                                          |                                  |                              |                     | Description: 3 family dwelling                                                    |                 |                                         |                                  |                              |                     |

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)

Umer A Shah

Signature

Date

6/29/21



PW1A: Schedule A - Occupancy / Use

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Sheet 2 of 3

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job number label here ☒

| Floor | Existing Legal Use        |                 |                                                          |                                  |                              |                     | Proposed Use              |                 |                                         |                                  |                              |                     |
|-------|---------------------------|-----------------|----------------------------------------------------------|----------------------------------|------------------------------|---------------------|---------------------------|-----------------|-----------------------------------------|----------------------------------|------------------------------|---------------------|
|       | Maximum Number of Persons | Live Load (psf) | 2014 Code Designations?                                  | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) | Maximum Number of Persons | Live Load (psf) | 2014 Code Designations only*            | Building Code Occupancy Group(s) | Dwelling/ Rooming Units (BC) | Zoning Use Group(s) |
| OSP   |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                           | 100             | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description               |                 |                                                          |                                  |                              |                     | Description 6 CAR PARKING |                 |                                         |                                  |                              |                     |
| OSP   |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                           |                 | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description               |                 |                                                          |                                  |                              |                     | Description               |                 |                                         |                                  |                              |                     |
|       |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                           |                 | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description               |                 |                                                          |                                  |                              |                     | Description               |                 |                                         |                                  |                              |                     |
|       |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                           |                 | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description               |                 |                                                          |                                  |                              |                     | Description               |                 |                                         |                                  |                              |                     |
|       |                           |                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |                              |                     |                           |                 | <input checked="" type="checkbox"/> Yes |                                  |                              |                     |
|       | Description               |                 |                                                          |                                  |                              |                     | Description               |                 |                                         |                                  |                              |                     |

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Applicant's Name (please print)

UMER A SHAH

Signature

*[Signature]*



**2 Building Notes to appear on the Certificate of Occupancy**

Note 1 : 1st floor Business, 2nd floor business and 2 family dwelling , 3rd floor 3 family dwelling, 4th floor 3 family dwelling.  
2. Total 4 story , 8 family and one office.

**3 Applicant's Statements and Signatures** *Required for all applications.*

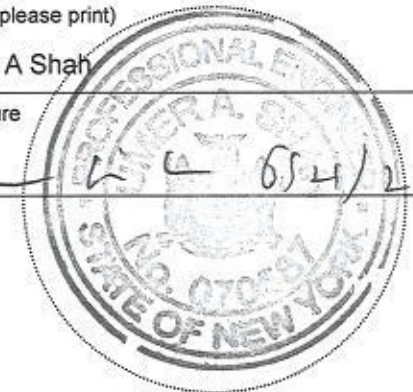
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Name (please print)

Umer A Shah

Signature

Date

**Internal Use Only**

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