

Plan/Work Approval Application

Application Must Be Typewritten



1 Filing Status Select one and complete sections indicated			
☒ Initial Filing 2,3,4,5,6		☐ Subsequent Filing 2,3,4,5,7,8,9,10	
☐ Job involves a development project.		Job Number _____ Work Type Suffix _____	
☐ Job involves tract housing/cluster.		Additions	
Number of buildings _____		I am the original applicant applying for additional approvals.	
Project Name _____		Changes	
Project I.D. _____		Amendment	
RESERVED FOR D.O.B.		Reinstatement	
		Withdrawal	

2 Location			
Borough	STATEN ISLAND	Block	6600
Lot(s)	117	BIN	5082619
C.B. No.	503	House No(s).	7
Street Name	VEITH PLACE	Apt/Condo No(s).	N/A
Special Place Name		Floor(s)	CEL, 1, 2

3 Applicant			
The following information represents a change to the original filing			
Last Name	PAPA	First Name	CHRISTOPHER
ML	V.	Business Phone (718)	987-3729
Business Name	PAPA ARCHITECT, P.C.	State	NY
Address	101 VICTORY BLVD	City	STATEN ISLAND
ZIP	10301	Lic. No.	029888
P.E.	☒	R.A.	☐
Other			

4 Filing Representative Complete if different from applicant.			
Last Name	NELSON/CICCARELLI	First Name	KENNETH/DOMINICK
ML		Business Phone (718)	987-3729
Business Name	PAPA ARCHITECT, P.C.	State	NY
Address	101 VICTORY BLVD	City	STATEN ISLAND
ZIP	10301		

5 Additional Considerations			
Directive 14 Acceptance Requested	☐	Old Code Review Requested	☐
Infill Zoning	☐	Quality Housing	☐
Site Safety Job	☐	Local Law 5 of 1973	☐
Legalization of work done after 1/1/89	☐	Application is being made to comply with:	Local Law 16 of 1984

6 Initial Filing Complete sections and schedules indicated to the right of only one selected job type.			
New Building	8,9,10,15,16,Schedule A	Subdivision:	9
Alteration	7	Improved Property	Restrictive Declaration:
Demolition	8,9,10D	Unimproved Property	Reel
Sign	7A,8,9,10A,12	Condominiums	Page No.
Place of Assembly	11	Related Job Number:	Other:

7 Alterations Indicate type of alteration and complete appropriate sections and schedules.			
Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A		Select One:	New C of O
Change to:	Occupancy/Use	Room Count/Dwelling Units	Egress
Enlargement:	Horizontal	Vertical	Partial Demolition
Alteration - Type II Complete 7A and indicated sections and schedules.		Select One:	Equipment Installation
PL Plumbing	-9,10D,PW-1B	FB Fuel Burning	-9,PW-1C
SP Sprinkler	-9,10A,10B,10C,14,PW-1B	EQ Construction Equip.	-13
ME Mech/HVAC	-9,10A	FA Fire Alarm	-9,14
OT Other	-9,Describe below:	FP Fire Suppression	-9,14
HL Boiler	-9,PW-1C	SD Standpipe	-9,10A,10B,10C,14

☒ Alteration - Type III Complete sections 7A,8 (EQ,CC, or OT work types only), 9,10A,10B,10C,10D			
Part A Job Description (Required for all alterations)			
Estimated Cost Total \$	Work Type Costs	(Alteration Type II only):	\$
APPLICATION IS FILED FOR 12'-0" WIDE CURB CUT 120.0' WEST OF THE INTERSECTION OF VEITH PLACE AND CORNELIA AVENUE IN CONJUNCTION WITH DOB JOB NUMBER 500904676.			
Alteration Job only: Proposed Additional Floor Area sq. ft. Structural Stability will not be affected by this alteration.			

8 Work Types Submitted Check only those items submitted by applicant at this time, if any.				9 Plans Submitted									
☐	PL	Plumbing	- PW-1B	☐	SP	Sprinkler	- 14, PW-1B	☐	ZO	Zoning	☐	ME	Mechanical
☐	MH	Mech/HVAC	-	☐	FA	Fire Alarm	- 14	☒	AR	Architectural	☐	PL	Plumbing
☐	BL	Boiler	- PW-1C	☐	EQ	Construction Equip.	- 13	☐	ST	Structural	☐	FO	Foundation
☐	FB	Fuel Burning	- PW-1C	☐	FP	Fire Suppression	- 14	☐	NP	No Plans			
☐	FS	Fuel Storage	- PW-1C	☒	CC	Curb Cut	- 7A, Indicate total linear feet: 12	ft.					
☐	SD	Standpipe	- 14	☐	OT	Other	- Description:						

10 Building Characteristics											
Part A											
Zoning District(s) R1-2				Special District Name				Map Number 33B			
Part B Occupancy Classification											
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)	☒	☒	J-3	Residential (1 and 2 Family Houses)
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)			G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				
Multiple Dwelling Classification (required for all J-1 and J-2 classifications)											
Part C Construction Classification											
Ex	Pr	Non-Combustible		Ex	Pr	Combustible		Ex	Pr	Old Code	
		I-A	4 Hour Protected			II-A	Heavy Timber			1	Fireproof Structures
		I-B	3 Hour Protected			II-B	Protected Wood Joist			2	Fire-protected Structures
		I-C	2 Hour Protected			II-C	Unprotected Wood Joist			3	Non-fireproofed Structures
		I-D	1 Hour Protected			II-D	Protected Wood Frame			4	Wood Frame Structures
		I-E	Unprotected	☒	☒	II-E	Unprotected Wood Frame			5	Metal Structures
										6	Heavy Timber Structures
Part D											
Number of Stories 2				Ex	Pr	Fire Protection Equipment		Voluntary		Required	
Street Frontage Dimension (Demolitions only)						Standpipe					
Height 31						Sprinkler					
Number of Dwelling Units 1						Fire Alarm System					
Part E											
Site Area Characteristics						Open Spaces					
Tidal/Fresh Water Wetlands		Flood Plains				Loading Berths		sq. ft.		Plaza	
Urban Renewal		Fire District		☒		Parking 306		sq. ft.		Arcade	
Total Gross Floor Area of Building						sq. ft.		Number of: Parking Spaces 2		Loading Berths	

11 Place of Assembly			
Proposed Number of Persons		Old PA Number	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name	First Name	M.I.	Title
Business Name		Business Phone ()	
Address		City	State ZIP

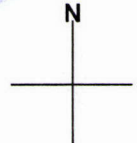
12 Signs			
Select One:		☐ Illuminated ☐ Non-Illuminated	
Type of Sign:	☐ Ground ☐ Wall ☐ Roof	Roof Sign is tight, closed or solid	
Height above roof level	ft. in.	Weight	lbs.
Projection Beyond the Building Line	ft. in.	Total Square Footage of Sign	sq. ft.
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name	First Name	M.I.	Title
Business Name		Business Phone ()	
Address		City	State ZIP

13 Construction Equipment									
	Sidewalk Shed		Scaffold		Chute		Fence		Other:
Material of Construction			BSA/MEA Approval Number				Sidewalk Shed/Linear Feet		

14 Fire Protection Equipment							
SP Sprinkler		Automatic		Non-Automatic		Entire	Partial
FA Fire Alarm System		Automatic		Non-Automatic		Entire	Partial
SD Standpipe						Entire	Partial
		Automatic		Non-Automatic		Entire	Partial

15 Plot Diagram of Zoning Lot Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status			
	Private		Public
			Legal Width



Description of Land and Premises

The Zoning Lot on which the premises is located is bounded as follows:

BEGINNING at a point on the	side of	distant	feet
of the corner formed by the intersection of		and	
running thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
to the point of beginning.			

16 Comments

For New Buildings - Ultimate Number of Stories proposed:

[illegible]

Statements and Signatures			
Applicant's Statements All applicants must complete and sign below		Owner's Statements	
☒	I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations,	☒ I have authorized the applicant to file this application for the work specified herein and all future amendments.	
except as set forth in the accompanying documents.		Owner's Certification Regarding Occupied Housing Accommodations	
Tract Housing Statement Complete if applicable and sign below		The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.	
Reference Job Number		Yes ☒ No	
I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.		The owner has notified DHCR of his intention to [file such plans/apply for such permit] and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].	
Applicant		Yes ☒ No Date DHCR notified:	
☒	I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.	Fee Exemption Request Statement	
Name CHRISTOPHER V. PAPA Date		In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.	
Signature		Owner	
Seal (P.E. or R.A.)		Type of Ownership	
		Individual Corporation Partnership Non-Profit	
		Name First Name M.I.	
		RAIO RALPH	
		OWNER	
		Business Name/Agency	
		Address 7 VEITH PLACE	
		CITY STATEN ISLAND	
		State NY ZIP 10312 Phone (718) 967-2570	
		Name of Signator RALPH APRAIO	
		Relationship to Building Owner SELF	
Signature Date			
Corporation, name of second officer			
First Name First Name M.I.			
Title			
Address			
City			
State ZIP Phone ()			
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code 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.			

Internal Use			
Application Complete for Filing and Fee Estimation		Approvals	
Amount Due		Examined and Recommended for Approval	
Cost Estimate (If different from applicant)		Approved for Foundation Earthwork Only	
Pre-File Name		Examiner Name	
 Date		Examiner Signature Date	
Initial Amount Paid		Limitation(s): (To appear on permit)	
Verified By Date			
Balance Paid			
Verified By Date			
Stamps and Certifications:		Other Approvals	
		Examiner Name	
		Examiner Signature Date	
		Approved	
		Borough Superintendent Signature Date	