



PW-1: Plan / Work Application

Must be typewritten.

DEPT. BLDGS	510021101	Job Number
SC080530001		Scan Code

1 Location Information *Required for all applications.*

House No(s)	33	Street Name	Page Avenue						
Borough	Staten Island	Block	7578	Lot	57	BIN		C.B. No.	503
Work on Floor(s)	001	Apt. / Condo No(s)							

2 Applicant Information *Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.*

Last Name	Geary	First Name	Jeffrey	Middle Initial	
Business Name	AVID Designs, Inc	Business Telephone	(718) 227-3724		
Business Address	15 Aspinwall Street	Business Fax	(718) 227-3723		
City	Staten Island	State	New York	Zip	10307
E-Mail	jeff@avidarchitecture.com	Mobile Telephone	(347) 297-9692		
		License Number	30200		
Choose one:	☐ P.E.	☒ R.A.	☐ Sign Hanger	☐ Other, please specify:	

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.*

Last Name		First Name		Middle Initial	
Business Name		Business Telephone			
Business Address		Business Fax			
City		State	New York	Zip	
E-Mail		Mobile Telephone			
		Registration Number			

4 Filing Status *Required for all applications. In this section * means required for Alteration Type 2 jobs only.*

☐ Initial Filing 5, 7, 11-12, 24-25	☐ Changes Prior to Approval 23-24	☐ New Applicant 4A, 24-25
☐ Prof. Certify Job/Plans PC-1, POC-1	☐ Add Work Types 6-7, 8A*, 11	☐ Reinstatement 23-25
☐ Self Certify Objections Only AI-1	☐ Amend Existing Filing 4A	☐ Withdrawal 24-25
☒ PAA 4A, 23-24	☐ Entire Job	
PAA effect fees? ☐ Yes ☒ No	☐ Specified in 4A	

4A Doc. # / Work Type

Doc	WT	Doc	WT
2			

5 Job Types *Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.*

☐ Alteration Type 1 13-14, 18-20, PW-1A, PD-1	☐ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20	5A Directive 14 acceptance requested? ☐ Yes ☐ No
☐ Partial Demolition	☐ Alteration Type 3 5A, 6B-F, 8C	5B ☐ Check if filing includes lot merger / reapportionment 17
☐ Room Count / Dwelling Units	☐ Demolition 6B, 8D, 9A-B, 13-14, 21	5C Total Construction Floor Area: sq. ft.
☐ Occupancy / Use	☐ New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1	
☐ Egress	☐ Sign 5A, 6B-D, 9A, 22	
☐ Alteration Type 1, OT: "No Work"	☐ Subdivision 5B, 9A	
↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW-1A	☐ Condominium	
	☐ Improved 17	

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 PW-1C	☐ MH - Mechanical	6B ☐ EQ - Construction Equipment 15	6F ☐ OT/ANT - Antennae
☐ FA - Fire Alarm	☐ PL - Plumbing PW-1B	6C ☐ OT/GC - General Construction	☐ OT/BPP - Builders Pvmt. Plan 8D
☐ FB - Fuel Burning PW-1C	☐ SD - Standpipe PW-1B	6D ☐ OT - Other provide description below:	☐ OT/FPP - Fire Protection Plan
☐ FS - Fuel Storage PW-1C	☐ SP - Sprinkler PW-1B	6E ☐ CC - Curb Cut 16	☐ OT/MAR - Marquee 8E, 25B
☐ FP - Fire Suppression			

7 Plans Submitted *Plans are required for most applications.*

☐ NP - No Plans	or	☐ AR - Architectural	☐ BP - BPP Checklist	☐ FO - Foundation	☐ ME - Mechanical
		☐ OT - Other	☐ PL - Plumbing	☐ ST - Structural	☐ ZO - Zoning

8 Additional Information					
8A WT	Cost	WT	Cost	WT	Cost
			8B Enlargement proposed? <i>If yes, PD-1</i>		8D Street Frontage: linear ft.
			☐ No enlargement proposed		8E Height: ft. Width: ft.
			☐ Yes: ☐ Horizontal ☐ Vertical		8F Name of cluster or development below:
			Additional area: sq. ft.		
			8C Estimated Job Cost \$		Project lead job no.

9 Additional Considerations, Limitations or Restrictions					
Yes No		Yes No		9D CRFN	
9A	☐ ☐ Filed to Comply with Local Law <i>If yes, 9G</i>	☐ ☐ Landmark	9E CRFN		
	☐ ☐ Other, specify: _____	☐ ☐ Legalization (1/1/89+)	9F HRT Lead No.		
	☐ ☐ Restrictive Declaration / Easement <i>If yes, 9D</i>	☐ ☐ "Little E" Hazmat Site	9G Local Law No.	Year	
	☐ ☐ Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>	☐ ☐ Unmapped Street			
9B	☐ ☐ Adult Establishment <i>If yes, PD-1 (except DM jobs)</i>	☐ ☐ Included in LMCCC	9H BSA Calendar No(s)		
	☐ ☐ Compensated Development (Inclusionary Housing)	☐ ☐ Infill Zoning			
	☐ ☐ Low Income Housing (Inclusionary Housing)	☐ ☐ Loft Board			
	☐ ☐ Single Room Occupancy (SRO) Multiple Dwelling	☐ ☐ Quality Housing	9I CPC Calendar No(s)		
		☐ ☐ Site Safety Job			
9C	☐ ☐ Old Code Review Requested				
	☐ ☐ Structural Stability affected by proposed work				

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>	10A Specific Reason for ECCCNYS Exemption
☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.* ☐ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:* ☐ An alteration but not a substantial alteration ☐ Work in a historic building ☐ Work in an exempt building (<i>specify category/reasons in 10A</i>)	

*I understand the Department may require supporting analyses and documentation.

11 Job Description	11A Related DOB Job Numbers
Filing PAA to correct fixture count on Schedule B only, no work to be preformed under this Document, on floor 001, (1) sink non residential & (1) cooking equipment non residential. All work was performed under original Alteration Application	510021101

12 Zoning Lot Characteristics <i>A complete set of zoning information is required for all initial applications.</i>			
District(s)	Map No.	Zoning lot includes the following tax lots:	
Overlay(s)	Street legal width: ft.		
Special Dist.(s)	Street Status: ☐ Public ☐ Private		

13 Building Characteristics <i>*For occupancy classification, use main use or dominant occupancy per BC §27-239</i>						14 Fill	
	Existing	Proposed		Existing	Proposed	Choose one:	
Occupancy Classification*			Building Height	ft.	ft.	☐ Not Applicable	
Construction Classification			Building Stories			☐ Off-Site	
Multiple Dwelling Classification			Dwelling Units			☐ On-Site	
Building Type: ☐ 1, 2, or 3 Family ☐ Other			Zoning Floor Area	sq. ft.	sq. ft.	☐ Under 300 cu. yd.	

15 Construction Equipment Choose one.

- ☐ Chute ☐ Sidewalk Shed Const. Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA No. _____
☐ Supported Scaffold ☐ Other: _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 on street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

--	--	--	--	--	--	--	--	--	--

Tentative tax lot numbers (new tax lots only):

--	--	--	--	--	--	--	--	--	--

18 Fire Protection Equipment

	Existing		Proposed	
	Yes	No	Yes	No
Fire Alarm	☐	☐	☐	☐
Fire Suppression	☐	☐	☐	☐
Sprinkler	☐	☐	☐	☐
Standpipe	☐	☐	☐	☐

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

Yes No

☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal
☐ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition

Yes No

- ☐ ☐ Demolishing a secondary structure? If yes, specify structure being demolished: _____
☐ ☐ Will demolition use mechanical means? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure

22 Signs

Purpose: ☐ Advertising ☐ Illuminated 22A ☐ Accessory ☐ Non-Illuminated	Type: ☐ Illuminated 22A ☐ Non-Illuminated	Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect Yes No ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 25B
Location: ☐ Ground ☐ Roof 22B ☐ Wall	22B ☐ ☐ Is roof sign tight, closed or solid?		
Yes No ☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. in. ☐ ☐ Designed for changeable copy? If no, 22C ☐ ☐ Does an OAC have an interest in this sign or location? If yes, 22G ☐ ☐ Within 900' and within view of an arterial highway? If yes, 22D ☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 22E	22C Sign wording. If extensive, provide only key wording. 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____		

If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 22F

23 Comments Additional comments may be placed on an AI-1 form.

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

Falsification of any statement is a misdemeanor under § 26-124 of the NYC 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.

- I prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,
- ☐ 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.

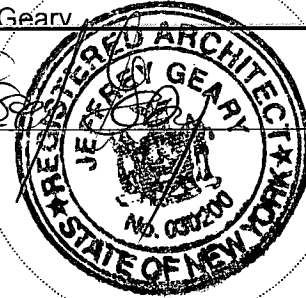
Name (please print)

Jeffrey Gearv

5-28-08

Signature

Date



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

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC 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.

- 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 the Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

☐ ☐**Energy Conservation Construction Code of NYS**

Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

☐ ☐**Fee Deferred Request Statement**

I hereby request a fee deferral for the work proposed on this application and understand that **all fees must be paid before issuance of any Certificate of Occupancy or job sign off.**

☐ ☐**Fee Exemption Request Statement**

In accordance with § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

☐ ☐**Owner's Certification Regarding Occupied Housing**

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 rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

☐ ☐

The owner has notified the Division of Housing and Community Renewal (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].

► If yes, provide date DHCR notified: _____

☐ ☐**Owner's Certification for Adult Establishments**

I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR 12-10 "adult establishment" or related sign at the subject premises.

Owner type:

☐ Condo/Co-Op

25A

☐ Corporation☐ Individual☐ Partnership☐ DCAS☐ DOE☐ HHC☐ HPD☐ Other Government☐ NYCHA☐ NYS

Is the owner a non-profit organization?

☐ Yes☐ No

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State: New York Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date ►

25A Condo/Co-Op or Corporation Second Officer

Name (please print):

Title:

Street Address:

City:

State: New York Zip:

Telephone Number:

Fax:

E-Mail Address:

25B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State: New York Zip:

Telephone Number:

Fax:

E-Mail Address:

Internal Use Only

Pre-File Name: _____ Date: _____

Pre-File Signature: _____

Cost Estimate (if different from applicant): \$ _____

Amount due: \$ _____