



PW1: Plan / Work Application

Must be typewritten.

DEPT. OF BLDGS.	510064859	Job Number
SC080127003		Scan Code

1 Location Information Required for all applications.

House No(s) 33 Street Name LIVERMORE AVENUE

Borough STATEN ISLAND Block 00391 Lot 00407 BIN 5011377 C.B. No. 501

Work on Floor(s) CEL

Apt. / Condo No(s)

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

Last Name GENOVESE First Name ANSELMO Middle Initial S

Business Name ANSELMO S. GENOVESE, ARCHITECT Business Telephone (718) 815-8941

Business Address 17 ST. MARY'S AVENUE Business Fax (718) 815-8943

City STATEN ISLAND State NY Zip 10305 Mobile Telephone

E-Mail License Number 026783

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 phone, and e-mail are optional info.

Last Name First Name Middle Initial

Business Name Business Telephone

Business Address Business Fax

City State Zip Mobile Telephone

E-Mail Registration Number

4 Filing Status Required for all applications. Choose one and provide specified associated information.☒ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☒ 1968 ☐ Prior to 1968Choose ☒ Standard Plan Examination or Review one: ☐ Professional Certification PC1, POC1☐ Self Certification of Objections A/I☐ 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, 24-25Will PAA affect filing fees? ☐ Yes ☐ No☐ New Applicant 4A, 25-26☐ Reinstatement 24-26☐ Withdrawal 25-26☐ Specified in 4A and 6☐ Entire Job

4A Indicate existing document number affected by filing:

5 Job/Project Types Choose one and provide specified associated information.☐ Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:☐ Change in Exits☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 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, 22☐ New Building 6A-E, 8F-G, 9A-C, 10, 12, 13A-E

(13B: 2008 Code only), 14, 18-20, PW1A, PD1

☐ Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22☐ Sign 5A, 6B-D, 9B, 22-23☐ Subdivision 9B, 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 PW1C6B ☐ EQ - Construction Equipment 15☐ FS - Fuel Storage PW1C☐ FP - Fire Suppression☐ MH - Mechanical6C ☒ OT/GC - General Construction☐ PL - Plumbing PW1B☐ SD - Standpipe PW1B☐ SP - Sprinkler PW1B6D ☐ OT - Other, describe:6E ☐ CC - Curb Cut 166F ☐ OT/ANT - Antenna☐ OT/BPP - Builders Pavement Plan 8D☐ OT/FPP - Fire Protection Plan☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000128071-000030

User Ref ID: 1319

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7 Plans/Construction Documents Submitted *Plans are required for most applications.*

☒ AR - Architectural ☐ BP - BPP Checklist ☐ DM - Demolition (Full/Partial) ☐ EN - Energy Analysis ☐ FO - Foundation or ☐ NP - No Plans
☐ ME - Mechanical ☐ OT - Other ☐ PL - Plumbing ☒ ST - Structural ☐ ZO - Zoning

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed? ☒ No enlargement is proposed ☐ Yes 12, PD1 ☐ Horizontal ☐ Vertical Additional Construction Floor Area: _____ sq. ft.	8C Estimated Job Cost \$
	OT	5000						8D Street Frontage: _____ linear ft.
								8E Height: _____ ft. Width: _____ ft.
								8F Name of cluster or development below: _____
8G Total Construction Floor Area: _____ sq. ft.								Project lead job no. _____

9 Additional Considerations, Limitations or Restrictions

Yes No	Yes No	9F Structural Peer Reviewer License No. _____ P.E.
9A ☐ ☒ Structural peer review required per BC §1627 <i>If yes, 9F</i>		
9B ☐ ☒ Filed to Comply with Local Law <i>If yes, 9G</i>	☐ ☒ Landmark	9G Local Law No(s) _____ Year _____
☐ ☒ Other, specify: _____	☐ ☒ "Little E" Hazmat Site	
☐ ☒ Restrictive Declaration / Easement <i>If yes, 9L</i>	☐ ☒ Unmapped Street	9H Violation No(s) _____
☐ ☒ Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i>	☐ ☒ Filing to Address Violation(s) <i>If yes, 9H</i>	
☐ ☒ Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C ☐ ☒ Adult Establishment <i>If yes, plot diagram (except DM)</i>	☐ ☒ Included in LMCCC	9I BSA Calendar No(s) _____
☐ ☒ Compensated Development (Inclusionary Housing)	☐ ☒ Infill Zoning	
☐ ☒ Low Income Housing (Inclusionary Housing)	☐ ☒ Loft Board	9J CPC Calendar No(s) _____
☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling	☐ ☒ Quality Housing	
☐ ☒ Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	☐ ☒ Site Safety Job/Project	
9D ☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number: _____
9E ☐ ☒ Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>		
☐ ☒ Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4): _____		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____		

10 ECCCNY Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNY.*
☐ Energy analysis is on another job number: _____
☒ The work proposed in this application is exempt from the ECCCNY because per Chapter 1 of the ECCCNY it is:
 ☒ An alteration but not a substantial alteration
 ☐ Work in a historic building
 ☐ Work in an exempt building (specify category/reasons in 10A)**

*I understand the Department may require supporting analyses and documentation.
 **§101.5.2.1 of the ECCCNY only exempts thermal envelope provisions.

10A Specific Reason for ECCCNY Exemption**11 Job Description**

APPLICATION FILED TO ADD CELLAR ENTRANCE ONLY. NO CHANGE IN USE OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no. _____

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12 Zoning Characteristics

12A District(s) R3X Overlay(s) Special Dist.(s) Map Number 20D	12B Street legal width: _____ ft. Street Status: ☐ Public ☐ Private <i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i>
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12C Proposed:	Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
		sq. ft.			Lot Type: ☐ Corner ☐ Interior ☐ Through	Check here if no yards: ☐ or
		sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
		sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
		sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
		sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
		sq. ft.				Side Yard 2 _____ ft.
Proposed Totals		sq. ft.			Enclosed Parking? ☐ Yes ☐ No	
Existing Total		sq. ft.			If yes, no. of parking spaces: _____	
					Perimeter Wall Height _____ ft.	

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only.

13A Primary structural system, choose one: ☐ Masonry ☐ Concrete (CIP) ☐ Concrete (Precast) ☐ Wood ☐ Steel (Structural) ☐ Steel (Cold-Formed) ☐ Steel (Encased in Concrete)					
13B	Existing	Proposed	13D Building Type: ☒ 1, 2, or 3 Family ☐ Other		
Structural Occupancy Category			Mixed use building? ☐ Yes ☐ No		
Seismic Design Category			2008 Code Designations?		
13C Occupancy Classification*	J - 3	☐ Yes ☒ No	☒ Yes**		
Construction Classification	2 - B	☐ Yes ☒ No	☐ Yes ☐ No		
Multiple Dwelling Classification					
13F Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968 The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968					

14 Fill Choose one.

☐ Not Applicable ☒ On-Site ☐ Off-Site ☐ Under 300 cubic yards

15 Construction Equipment

☐ Chute ☐ Sidewalk Shed Construction Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA Approval 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
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 Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

21A ☐ ☐ Demo. filing is for a secondary structure? If yes, specify structure being demolished:☐ ☐ Mechanical means* from out of building? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure☐ ☐ Mechanical means* from within building? If yes, describe equipment proposed:21B ☐ ☐ Demolition work affects the exterior building envelope**22 Asbestos Abatement Compliance** Choose one.☐ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).☒ The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP.☐ The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(a)).**23 Sign**

Purpose:

☐ Advertising☐ Non-Advertising

Type:

☐ Illuminated 23A☐ Non-Illuminated

Estimated Cost: \$

Total Square Feet:

Height above Curb: ft. in.

Height above Roof: ft. in.

Location: ☐ Ground ☐ Roof 23B ☐ Wall

Yes No

☐ ☐ Is sign inside building line? If no, sign projects by: ft. in.☐ ☐ Designed for changeable copy? If no, 23C☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G☐ ☐ Within 900' and within view of an arterial highway? If yes, 23D☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E

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

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: ft.

23E Distance from Park 1/2 acre or more: ft.

23F OAC Sign Number:

23G OAC Registration Number:

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

Yes No

☐ ☐ For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?☐ ☐ 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.

Name (please print)

ANSELMO S. GENOVESE

Signature

Date

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

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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.

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).

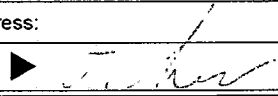
Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of 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 §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
- ☐ ☒ **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 Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
- ☐ The owner has notified the Division of Housing and Community Renewal (DHCR) 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 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'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. 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 final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☒ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☐ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? ☐ Yes ☒ NoName (please print): **MICHAEL SIMO**Relationship to Owner: **OWNER**Business Name/Agency: **N/A**Street Address: **33 LIVERMORE AVENUE**City: **STATEN ISLAND** State: **NY** Zip: **10302**Telephone Number: **(917) 301-5152** Fax:

E-Mail Address:

Signature and Date **26A Condo/Co-Op Board or Corporation Second Officer**

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date* 

*Signature required for authorized representative of Condo or Co-Op board.
Second officer signature not required for corporations.

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:

Internal Use Only	
Pre-File Name:	
Pre-File Signature:	Date:
Cost Estimate: \$	
Amount Due: \$	Verified by ▼ Date ▼
Initial Amount Paid: \$	
Balance Due: \$	
Stamps, Certifications and Notes:	

DOB Reference Number: T00000128071

User Ref ID: 1319

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