



10F 5
7/26/10

CCD1: Construction Code
Determination Form

Must be typewritten.



1 Location Information Required for all requests on filed applications.

House No(s) 100 Street Name EGBERT AVENUE
Borough STATEN ISLAND Block 355 Lot 105 BIN 5009796 CB No. 501

2 Applicant Information Required for all requests on filed applications.

Last Name MARTARELLA III First Name FRANK Middle Initial
Business Name PAPA ARCHITECT, P.C. Business Telephone (718) 987-3729
Business Address 101 VICTORY BLVD Business Fax (718) 987-4397
City STATEN ISLAND State N.Y. Zip 10301 Mobile Telephone
E-Mail License Number 033343
License Type ☐ P.E. ☒ R.A. DOB PENS ID # (if available)

3 Attendee Information Required if different from Applicant in section 2 or no Applicant.

Relationship to the property: ☒ Filing Representative ☐ Attorney ☐ Other:
Last Name LUFRANO/CICCARELLI First Name DANIELLE/DOMINICK Middle Initial
Business Name PAPA ARCHITECT, P.C. Business Telephone (718) 987-3729
Business Address 101 VICTORY BLVD. Business Fax (718) 987-4397
City STATEN ISLAND State NY Zip 10301 Mobile Telephone
E-Mail License/Registration # (if P.E./R.A./Attorney)
DOB PENS ID # (if available) X03766/C41894

4 Nature of Request Required for all requests. Only **one** request may be submitted per form.

Note: Do not use this form for Zoning Resolution determination requests - use ZRD1 form

Determination request issued to: ☒ Borough Commissioner's Office ☐ Technical Affairs
Job associated with this request? ☒ Yes (provide job#/doc#/examiner name below) ☐ No
Job Number: 510065876 Document Number: 01 Examiner: MAHENDRA PATEL
Has this request been previously denied? ☐ Yes (attach all denied request form(s) and attachment(s)) ☒ No
Indicate total number of pages submitted with this request, including attachments: (attachment may not be larger than 11" x 17")
Construction Code (if applicable): ☐ 2008 Code ☒ 1968 Code ☐ Prior to 1968 Code
Indicate relevant code section(s), rule(s), etc:

Indicate all Buildings Department officials that you have previously reviewed this issue with (if any):

☐ Borough Commissioner ☐ Code & Zoning Specialist ☐ General Counsel's Office
☐ Deputy Borough Commissioner ☐ Chief Plan Examiner ☐ Other:

ADMINISTRATIVE USE ONLY		
Reference #: 12407	Appointment date:	Appointment time:
Appointment Scheduled With:		
Comments: KV		
Reviewed By:	Date	Time:

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KUL
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CCD1

PAGE 2

5 Description of Request (additional space is available on page 3)

This is a request for:

- ☐ Interpretation or clarification
- ☐ Variation of Building Code or Rules per § 28-103.3 (please state in detail the practical difficulty that is specific to this project, and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))
- ☐ Variation of Multiple Dwelling Law (MDL) § 277.16 for Article 7B Buildings (please state in detail the practical difficulty that is specific to this project and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))

Note: Variations of any other MDL provisions must be filed with the Board of Standards and Appeals (BSA) per MDL § 310.

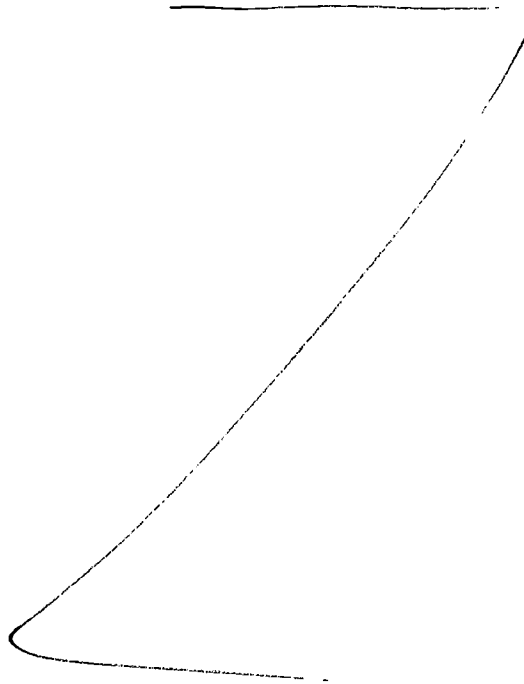
Please itemize all attachments, including plans/sketches, submitted with this form. If this is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the objection sheet.

RESPECTFULLY REQUEST PERMISSION TO HAVE LOWEST LEVEL LAYOUT APPROVED WITH CELLAR FIXTURES AND PARTITIONS AS NOTED ON ATTACHED PLAN. THE FOLLOWING CONDITIONS SHALL BE ADHERED TO:

- 1) SINGLE FAMILY USE DECLARATION SHALL BE FILED
- 2) THE DECLARATION SHALL BE INDICATED ON THE PW-1 AND CERTIFICATE OF OCCUPANCY
- 3) NO HABITABLE ROOMS SHALL BE PROVIDED IN THE CELLAR
- 4) THE CELLAR IS PROVIDED WITH SMOKE AND CARBON MONOXIDE DETECTORS
- 5) NO PARTITIONS OTHER THAN THOSE FOR BATHROOM AND MECHANICAL ROOM SHALL BE PROVIDED

NYC DEPT. OF BUILDINGS
STATEN ISLAND
RECEIVED

2010 JUL 20 P 2:31



Note: Buildings Department Determination will be issued on the CCD1 Response Form

ADMINISTRATIVE USE ONLY

Reviewed By:

Date:

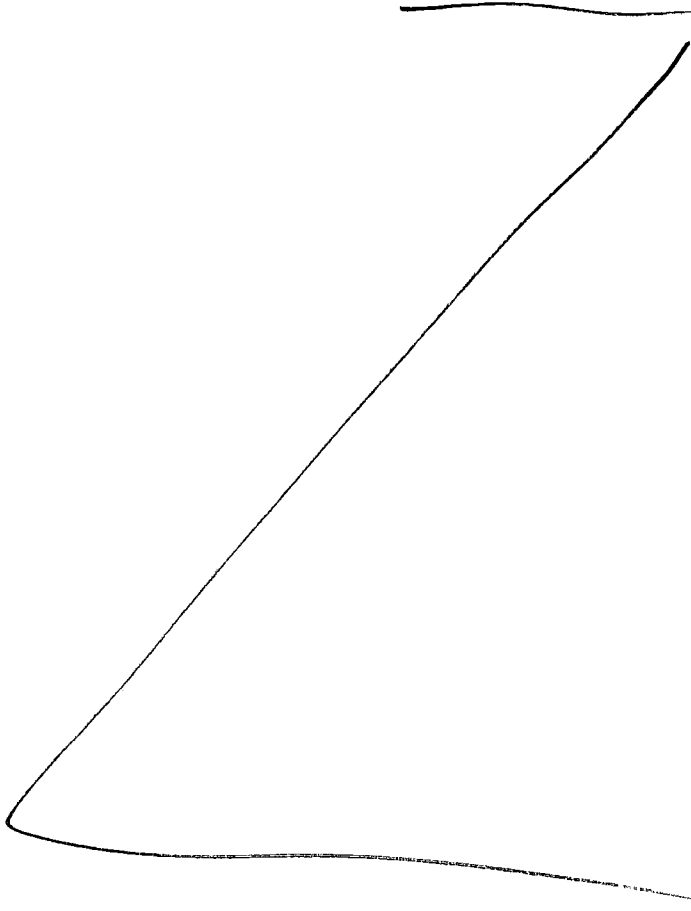
Time:

3 of 5
K/L
7/26/10

CCD1

PAGE 3

6	Description of Request (use this section if additional space is required for description)
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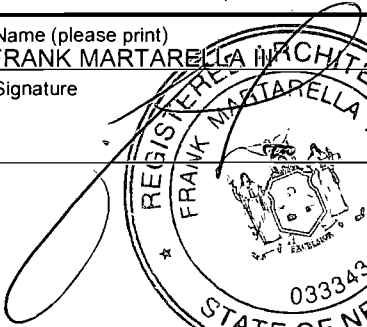
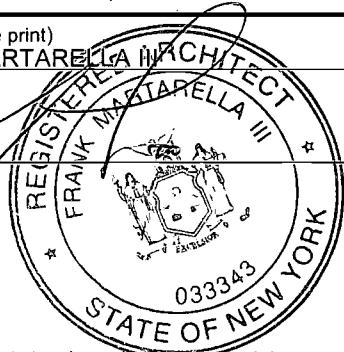


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STATEN ISLAND
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2010 JUL 20 P 2:31

Note: Buildings Department Determination will be issued on the CCD1 Response Form

7	Statements and Signature Required for all requests
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I hereby state that all of the above information is correct and complete to the best of my knowledge. 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) FRANK MARTARELLA ARCHITECT	Date
Signature 	
	
P.E. / R.A. Seal (apply seal, then sign and date over seal - not required for Attorneys on unfilled applications)	

ADMINISTRATIVE USE ONLY			
Reviewed By:	Date:	Time:	

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Vilenchik
7/26/10

ZRD1/CCD1 Response Form

Location Information (To be completed by a Buildings Department official if applicable)

House No(s) 100

Street Name Egbert Avenue

Borough Staten Island

Block 355

Lot 105

BIN 5009796

Job No. 510065876

DETERMINATION (To be completed by a Buildings Department official)

Request has been: ☐ Approved ☐ Denied ☒ Approved with conditions

Follow-up appointment required? ☐ Yes ☒ No

Primary Zoning Resolution or Code Section(s): HMC 27-2087

Other secondary Zoning Resolution or Code Section(s):

Comments:

12407

3-piece bathroom with shower in the cellar is acceptable in this instance only, as shown in 5 of 5 (annotated by K. V.), with the following conditions:

1. File a single family use declaration
2. Note the restrictive declaration on the PW-1 and Certificate of Occupancy
3. No habitable rooms allowed in the cellar.
4. The cellar is provided with smoke and carbon monoxide detectors

DBC Kazimir Vilenchik, P.E.



7/26/10

Name of Authorized Reviewer (please print):

Title (please print):

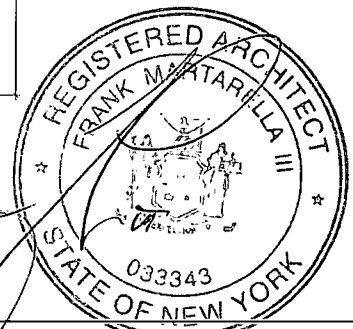
Authorized Signature:

Date:

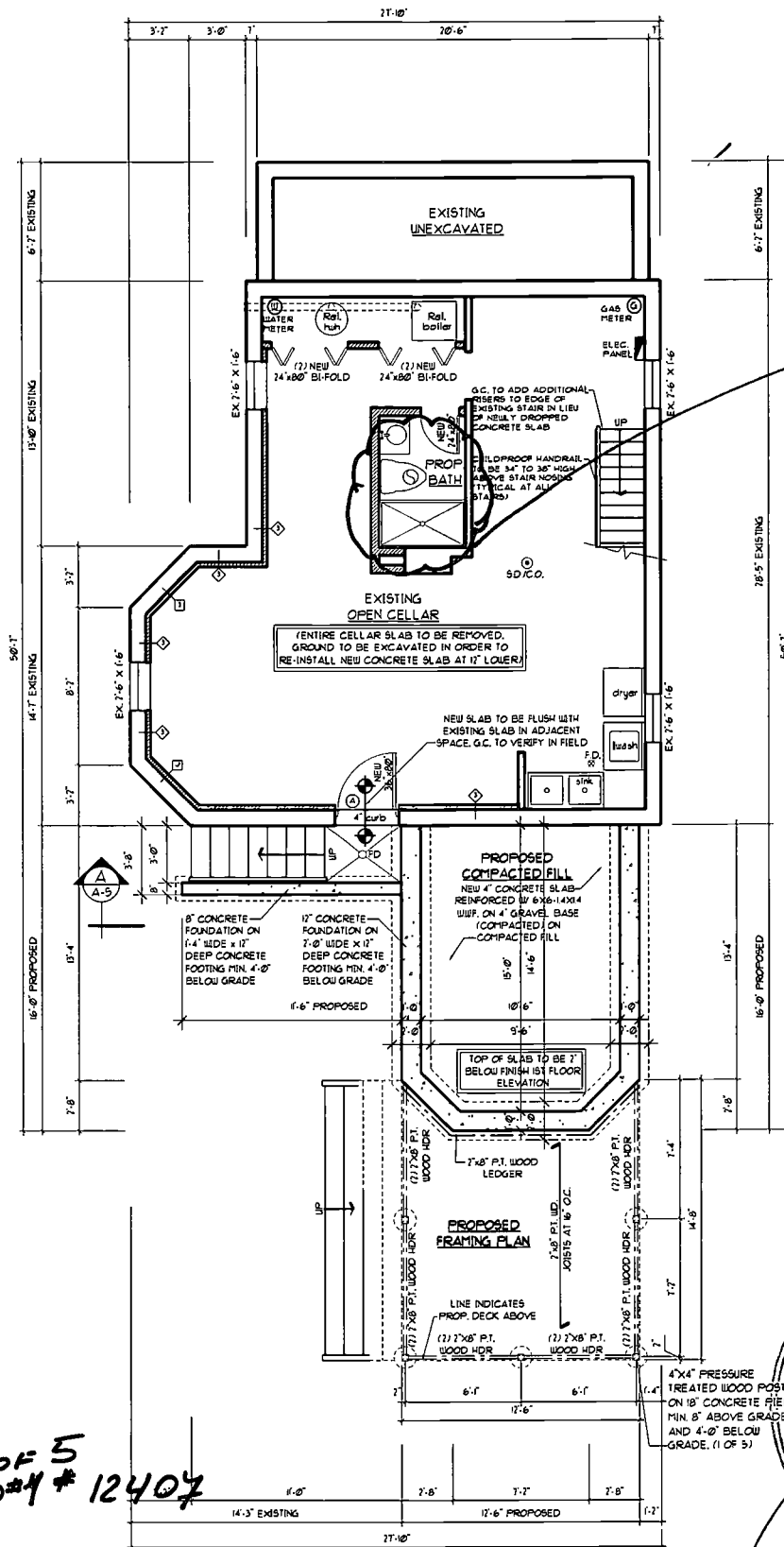
Time:

Issuers: write signature, date, and time on each page of the request forms; and attach this form.

Note: Determination will expire if construction document approval is not obtained within 12 months of issuance.



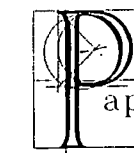
STATEN ISLAND OFFICE
101 Victory Boulevard
Staten Island, N.Y. 10301
Tel: (718) 987-3729 Fax: (718) 987-4397



OK
DR. K. VITENCHUK
7/26/10

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CCD#4 # 12407



Drawing No.: A-101.0	Drawn by: KN	Drawing Title: CELLAR FLOOR PLAN	 ARCHITECT	QUEENS OFFICE 248-25 Northern Boulevard, Suite 2H Little Neck, N.Y. 11362 Tel: (718) 224-4850 Fax: (718) 224-4865 www.cvparchitect.com STATEN ISLAND OFFICE 101 Victory Boulevard Staten Island, N.Y. 10301 Tel: (718) 987-3729 Fax: (718) 987-4397
	Checked by: FM3			
	Job No.: 0874	Project: 100 EGBERT AVENUE STATEN ISLAND, NY		
	Scale: NTS			
Date: 1_OF_2	Date: 7/7/10			