



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 1004 Street Name IONIA AVENUE

Borough STATEN ISLAND Block 6918 Lot 22 BIN 5158596 CB No. 503

Work on Floor(s) BAS, 001, 002

2 Work Type Information Required for all applications. Select all that apply. Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL

Cost: \$ 35000

Total sprinkler heads in 8B: 0

To remove violation(s): 1)

2)

☐ Sprinkler - SP

Cost: \$

Total sprinkler heads in 8A:

To remove violation(s): 1)

2)

☐ Standpipe - SD

Cost: \$

To remove violation(s): 1)

2)

3 Drainage Information

Storm Drainage Discharges into: select one.

☒ Storm Sewer ☐ Combined Sewer ☐ Private Disposal

Sanitary Drainage Discharges into: select one.

☒ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☒ SD-1, SD-2, SD-3

☐ Site Connection

☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☐ Cap or Remove Describe all:

☐ Replace or Relocate Describe all:

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No Describe gas fired equipment:

RANGE, DRYER, (2) GAS FIRED WEIL MCLAIN GV SERIES BOILERS MEA# 195-90-E, (2) AO SMITH GAS FIRED HOT WATER HEATER DIRECT VENT MEA# 402-93-E, GAS FIRED DIRECT VENT FIREPLACE HEAT-N-GLO MEA# 295-88-E

Total Location(s), floor/apt. - list all that apply:

Meters total: 2 OSP

Risers total: 2 BAS THRU FIRST

Gas Usage: ☒ Heat ☒ Dryer ☒ Water Heater ☐ Tankless Coil
☐ HVAC ☒ Cooking ☒ Fire Place ☐ Boiler Pilot for Oil Burner
☐ Other:

7 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.

Name (please print) PETER J CALVANO	
Signature 	Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

DOB Reference Number: T00000520944-000021

User Ref ID: 7073

8 Equipment Information <i>For new work only.</i>															
System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping													
		BAS	OSP	1	2										
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry														
	P* Sprinkler Piping - Wet														
	E* Dry Pipe Valve														
	E* Booster Pump - SP														
	F Floor/Riser Control Valve														
	F Siamese FDC														
	F Sprinkler Heads														
8B Sprinkler (PL)**	F Sprinkler Heads over 999														
	F Sprinkler Heads (thirty or less)														
8C Fire Standpipe (SD).	P* Standpipe Piping														
	E* Fire Pump														
	E* Special Service Fire Pump														
	F Floor/Riser Control Valve														
	F Hose Cabinet/Rack/Valve														
8D Water/San. (PL)	F Siamese FDC														
	P* Sanitary Piping (Soil & Venting)	1		1	1										
	P* Water Piping	1		1	1										
	P Water Service Piping														
	E Sewer Ejection Pump														
	F Bathtubs/Whirlpools/Hot Tub/Sauna	1			2										
	F Bidet														
	F Chiller/Cooler														
	F Dishwasher			1											
	F Domestic Water Tank/Pump														
	F Drinking Fountain														
	F Floor Drain			1											
	F Grease Trap/Oil Separator														
	F Ice Maker														
	F In-sink Garbage Disposal														
	F Lavatory (Common Wash Basin)	1		1	3										
	F Laundry - Standpipe			1											
	F Pool														
	F RPZ/Backflow Preventer (Primary)														
	F RPZ/Backflow Preventer (Secondary)														
	F Sink - Non Residential														
	F Sink - Residential	1		1											
	F Stall Shower				1										
	F Tankless Coil														
	F Toilet (Water Closet)	1		1	2										
	F Urinal														
	F Washing Machine			1											
	F Water Heater (Non-Gas)														
8E Storm (PL)	P* Storm Drainage Piping		1												
	E Sump Pump														
	F Area/Yard Drain		5												
	F Detention Tank														
	F Dry Well/Retention														
8F Gas (PL)	F Roof Drain														
	P* Gas Piping	1		1											
	E Emergency Shut-off Valve														
	E* Fire Suppression Shut-off Valve														
	E Gas Booster Pump														
	F Cooking Equipment (non-residential)														
	F Cooking Equipment (residential)	1		1											
	F Gas Boiler (<350K, non-comm, <6 family)	2													
	F Gas Burner			1											
	F Gas Dryer			1											
	F Gas Furnace														
	F Gas Meter		2												
8G Medical (PL)	F Gas Water Heater	2													
	P* Medical Gas Piping														
	E Assorted Medical Equipment														

** Must be off domestic.

* Indicates test may be required.

DOB Reference Number: T00000520944-000021

User Ref ID: 7073

7/08