



PW1: Plan / Work Application  
Must be typewritten

DEPT BLDGS Job No. 520268674  
Scan Code ESHS7996105

**1 Location Information** Required for all applications.

House No(s) 4 Street Name ROCHELLE PLACE

Borough STATEN ISLAND Block 5627 Lot 11 BIN 5075119 C.B. No. 503

Work on Floor(s) CEL,001,002

Apt. / Condo No(s)

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

Last Name BONOMO

First Name GIUSEPPE

Middle Initial

Business Name DESIGN BUILD SI, INC.

Business Telephone (718) 966-4558

Business Address 503 MOSELY AVENUE, SUITE 1

Business Fax (718) 701-6620

City STATEN ISLAND State NY Zip 10312

Mobile Telephone

E-Mail JOE@DB-SI.COM

License Number 038061

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ R.L.A. ☐ Other:

**3 Filing Representative** Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.

Last Name CASTELLANOS

First Name MICHELLE

Middle Initial L

Business Name DESIGN BUILD SI, INC.

Business Telephone (718) 966-4558

Business Address 503 MOSELY AVENUE, SUITE 1

Business Fax (718) 701-6620

City STATEN ISLAND State NY Zip 10312

Mobile Telephone

E-Mail OFFICE@DB-SI.COM

Registration Number 7183

**4 Filing Status** Required for all applications. Choose one and provide specified associated information.

☐ Initial Filing 5, 7, 11, 12A, 25-26

☐ Prior to Approval Actions 25-26

☐ Reinstatement 24-26

Choose only one:

☐ Standard Plan Examination or Review

☐ Amend Existing Filing 4A

☐ Withdrawal 26

☐ Professional Certification PC1, POC1

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☐ Specified in 4A and 6

☐ Professional Certification of Objections A11

☒ Post Approval Amendment (PAA) 4A, 6, 24-25

☐ Entire Job

Will PAA affect filing fees? ☐ Yes ☒ No

4A Indicate existing document number affected by filing: 01

☐ New (Superseding) Applicant 4A, 25-26

**5 Job/Project Types** Choose one and provide specified associated information.

☐ Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5)

☐ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, 13C-E, & 14, 20, 22

☐ Full Demolition 6B, 8D, 9A & 9C-D, 9K, 9M, 13D-E, 14, 21A, 22

6A-E, 8B-C, 8F, 9-10, 12, 13C-F, 14, 18-20, 22 & PW1A, PD1

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22

☐ Subdivision 9A, 9D, 12A-B

☐ Alteration Type 1, OT: "No Work" 8C, 8F, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1

☐ New Building 6A-E, 8F, 9A, 9C-K, 9M, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1

☐ Condominium ☐ Improved 17 5A Directive 14 acceptance requested?

☐ Sign 5A, 6B-D, 9A, 9D, 22-23

☐ 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

☐ FS - Fuel Storage PW1C

☒ PL - Plumbing PW1B

6E ☐ CC - Curb Cut 16

☐ FA - Fire Alarm

☐ FP - Fire Suppression

☐ SD - Standpipe PW1B

☐ OT/LAN - Landscape

☐ FB - Fuel Burning PW1C

☐ MH - Mechanical

☐ SP - Sprinkler PW1B

6F ☐ OT/ANT - Antenna

6B ☐ EQ - Construction Equipment 15

6C ☒ OT/GC - General Construction

6D ☐ OT - Other, describe:

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

**7 Plans/Construction Documents Submitted** *Plans are required for most applications.*Are plans being submitted with this PW1? ☐ Yes ☐ No *If yes, do the plans include:* ☐ FO — Foundation ☐ EN — Energy Analysis**8 Additional Information**

|    |    |      |    |      |    |      |                                                                       |                                           |
|----|----|------|----|------|----|------|-----------------------------------------------------------------------|-------------------------------------------|
| 8A | WT | Cost | WT | Cost | WT | Cost | 8B Is a building enlargement proposed?                                | 8C Estimated Job Cost \$                  |
|    |    |      |    |      |    |      | <input type="checkbox"/> No enlargement is proposed                   | 8D Street Frontage: linear ft.            |
|    |    |      |    |      |    |      | <input type="checkbox"/> Yes 12, PD1                                  | 8E Height: ft. Width: ft.                 |
|    |    |      |    |      |    |      | <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | 8F Total Building Square Footage: sq. ft. |
|    |    |      |    |      |    |      | Additional Construction Floor Area: sq. ft.                           |                                           |

**9 Additional Considerations, Limitations or Restrictions**

9A Review is requested under which building code? ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

|                             |                                                                                                                                                                                                     |                          |                                                                                       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------|
| Yes                         | No                                                                                                                                                                                                  | Yes                      | No                                                                                    |
| 9B <input type="checkbox"/> | <input type="checkbox"/> Alteration required to meet New Building requirements (28-101.4.5) <i>If yes, 13A-B</i>                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> Change in number of dwelling units                           |
| <input type="checkbox"/>    | <input type="checkbox"/> Alteration is a major change to exits                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> Change in occupancy / use                                    |
| 9C <input type="checkbox"/> | <input type="checkbox"/> Façade Alteration                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> Change is inconsistent with current certificate of occupancy |
| <input type="checkbox"/>    | <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> Change in number of stories                                  |
| <input type="checkbox"/>    | <input type="checkbox"/> Compensated Development (Inclusionary Housing)                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> Infill Zoning                                                |
| <input type="checkbox"/>    | <input type="checkbox"/> Low Income Housing (Inclusionary Housing)                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> Loft Board                                                   |
| <input type="checkbox"/>    | <input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> Quality Housing                                              |
| <input type="checkbox"/>    | <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> Site Safety Job/Project                                      |
| 9D <input type="checkbox"/> | <input type="checkbox"/> Landmark                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> Included in LMCCC                                            |
| <input type="checkbox"/>    | <input type="checkbox"/> Little "E" or RD Site                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> Filing to address violations (list #s—max. 5):               |
| <input type="checkbox"/>    | <input type="checkbox"/> Unmapped/CCO Street                                                                                                                                                        |                          |                                                                                       |
| <input type="checkbox"/>    | <input type="checkbox"/> Requesting legalization of work where no work without a permit violations have been issued                                                                                 |                          |                                                                                       |
| <input type="checkbox"/>    | <input type="checkbox"/> Other (please specify on line provided below):                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> Filing to comply with Local Laws (list #s—max. 2)            |
| <input type="checkbox"/>    | <input type="checkbox"/> CRFN(s) Restrictive Declaration / Easement (max. 4):                                                                                                                       |                          |                                                                                       |
| <input type="checkbox"/>    | <input type="checkbox"/> CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):                                                                                                                        |                          |                                                                                       |
| 9E <input type="checkbox"/> | <input type="checkbox"/> BSA Calendar Numbers (max. 5):                                                                                                                                             |                          |                                                                                       |
| 9F <input type="checkbox"/> | <input type="checkbox"/> CPC Calendar Numbers (max. 5):                                                                                                                                             |                          |                                                                                       |
| 9G <input type="checkbox"/> | <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]                                                                           |                          |                                                                                       |
| 9H <input type="checkbox"/> | <input type="checkbox"/> Work includes modular construction under New York State jurisdiction                                                                                                       | 9I                       | High Rise Team tracking #:                                                            |
| <input type="checkbox"/>    | <input type="checkbox"/> Work includes modular construction under New York City jurisdiction                                                                                                        |                          |                                                                                       |
| 9J <input type="checkbox"/> | <input type="checkbox"/> Structural peer review required per BC 16. <i>If yes, provide NYS P.E. license number:</i>                                                                                 |                          |                                                                                       |
| 9K <input type="checkbox"/> | <input type="checkbox"/> Work includes permanent removal of standpipe, sprinkler or fire suppression related systems                                                                                |                          |                                                                                       |
| 9L <input type="checkbox"/> | <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building <i>If yes, 21B</i>                                                        |                          |                                                                                       |
| <input type="checkbox"/>    | <input type="checkbox"/> Structural stability affected by proposed work                                                                                                                             |                          |                                                                                       |
| 9M <input type="checkbox"/> | <input type="checkbox"/> Work involves or will result in an amount of soil disturbance greater than or equal to one acre in an MS4 area                                                             |                          |                                                                                       |
| <input type="checkbox"/>    | <input type="checkbox"/> Work is part of a larger common plan or development or sale that involves or will result in an amount of soil disturbance greater than or equal to one acre in an MS4 area |                          |                                                                                       |

**10 NYCECC Compliance** *New York City Energy Conservation Code*

- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC\*  
 Code Compliance Path (choose one): ☐ NYCECC ☐ ASHRAE  
 Energy Analysis (choose one): ☐ Tabular Analysis ☐ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)
- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC\* in accordance with one of the following (choose one):
- ☐ The work is an alteration of a State or National historic building.
  - ☐ The scope of the work is entirely in a "low-energy building" and is limited to the building envelope.
  - ☐ The entire scope of work involves a temporary structure and/or one or more of the following work types: FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.
  - ☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

|                                 |                                    |
|---------------------------------|------------------------------------|
| <b>11 Job Description</b>       | <b>11A Related DOB Job Numbers</b> |
|                                 |                                    |
|                                 |                                    |
|                                 |                                    |
|                                 |                                    |
| 11B Primary application job no. |                                    |

| <b>12 Zoning Characteristics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                       |                   |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|----------|-----|--|--|---------|--|--|--|--|---------|--|--|--|--|---------|--|--|--|--|---------|--|--|--|--|---------|--|--|--|--|---------|--|--|------------------------|--|---------|--|--|-----------------------|--|---------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 12A District(s)<br>Overlay(s)<br>Special Dist.(s)<br>Map Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12B Street legal width: _____ ft.<br>Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private<br><i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i> |                   |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">12C Proposed:</th> <th style="width: 15%;">Use*</th> <th style="width: 15%;">Zoning Floor Area</th> <th style="width: 15%;">District</th> <th style="width: 15%;">FAR</th> </tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td>sq. ft.</td><td> </td><td> </td></tr> <tr> <td colspan="2"><b>Proposed Totals</b></td> <td>sq. ft.</td> <td style="background-color: #cccccc;"></td> <td> </td> </tr> <tr> <td colspan="2"><b>Existing Total</b></td> <td>sq. ft.</td> <td style="background-color: #cccccc;"></td> <td> </td> </tr> </table> | 12C Proposed:                                                                                                                                                                                         | Use*              | Zoning Floor Area | District | FAR |  |  | sq. ft. |  |  |  |  | sq. ft. |  |  |  |  | sq. ft. |  |  |  |  | sq. ft. |  |  |  |  | sq. ft. |  |  |  |  | sq. ft. |  |  | <b>Proposed Totals</b> |  | sq. ft. |  |  | <b>Existing Total</b> |  | sq. ft. |  |  | <b>Proposed Lot Details:</b><br>Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through<br>Lot Coverage _____ %<br>Lot Area _____ sq. ft.<br>Lot Width _____ ft.<br><b>Proposed Other Details:</b><br>Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, no. of parking spaces:</i> _____<br>Perimeter Wall Height _____ ft. |  |
| 12C Proposed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Use*                                                                                                                                                                                                  | Zoning Floor Area | District          | FAR      |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Proposed Totals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Existing Total</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                       | sq. ft.           |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Proposed Yard Details:</b><br>Check here if no yards: <input type="checkbox"/> or<br>Front Yard _____ ft.<br>Rear Yard _____ ft.<br>Rear Yard Equivalent _____ ft.<br>Side Yard 1 _____ ft.<br>Side Yard 2 _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                       |                   |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <i>*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                       |                   |                   |          |     |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |  |  |         |  |  |                        |  |         |  |  |                       |  |         |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                         |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                               |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>13 Building Characteristics</b> *Main use/dominant occupancy per AC §28-101.5. **Use 2014 Code equivalents only. *Residential w/other use.                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                               |  |  |
| 13A Primary structural system, choose <b>one</b> : <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)                                                                           |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                               |  |  |
| 13B<br>Structural Occupancy/Risk Cat.<br>Seismic Design Cat.                                                                                                                                                                                                                                                                                                                                                                  | Existing<br>2014 Code Designations?                                                                                                                                                  | Proposed<br>2014 Code Designations?                                                                                                                                   | 13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other<br>Mixed use building?+ <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| 13C Occupancy Classification*<br>Construction Classification<br>Multiple Dwelling Classification                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><div style="background-color: #cccccc; height: 15px;"></div> | <input checked="" type="checkbox"/> Yes**<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><div style="background-color: #cccccc; height: 15px;"></div> | 13E<br>Building Height _____ ft.<br>Building Stories _____<br>Dwelling Units _____                                                                                            |  |  |
| 13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968<br>The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2014 <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                               |  |  |

|                                         |                                  |                                   |                                                |
|-----------------------------------------|----------------------------------|-----------------------------------|------------------------------------------------|
| <b>14 Fill Choose one.</b>              |                                  |                                   |                                                |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> On-Site | <input type="checkbox"/> Off-Site | <input type="checkbox"/> Under 300 cubic yards |

|                                                                                                                                                                                                                                                                             |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>15 Construction Equipment</b>                                                                                                                                                                                                                                            | <b>16 Curb Cut Description</b>                                                                    |
| <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Fence <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____<br>Construction Material: _____<br>Size: _____ linear ft. BSA/MEA Approval No. _____ | Size of cut (with splays): _____ ft.<br>Distance to nearest corner: _____ ft.<br>to street: _____ |

| <b>17 Tax Lot Characteristics</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>18 Fire Protection Equipment</b> |                          |                          |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|--|----------|--|--|-----|----|-----|----|------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
| Original tax lots being merged or reapportioned (if applicable):<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> Tentative tax lot numbers (new tax lots only):<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |                                     |                          |                          |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="2">Existing</th> <th colspan="2">Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  | Existing |  | Proposed |  |  | Yes | No | Yes | No | Fire Alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Suppression | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Standpipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                          |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                          |                          |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Existing                            |                          | Proposed                 |                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                 | No                       | Yes                      | No                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
| Fire Alarm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
| Fire Suppression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
| Sprinkler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |
| Standpipe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |          |  |          |  |  |     |    |     |    |            |                          |                          |                          |                          |                  |                          |                          |                          |                          |           |                          |                          |                          |                          |           |                          |                          |                          |                          |

| 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                                                                                                                                                                                                        | 20A Flood Hazard Area Information                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No<br><input type="checkbox"/> <input type="checkbox"/> Tidal Wetlands<br><input type="checkbox"/> <input type="checkbox"/> Coastal Erosion Hazard Area<br><input type="checkbox"/> <input type="checkbox"/> Fire District | Yes No<br><input type="checkbox"/> <input type="checkbox"/> Freshwater Wetlands<br><input type="checkbox"/> <input type="checkbox"/> Urban Renewal<br><input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area <i>If yes, 20A</i><br><input type="checkbox"/> <input type="checkbox"/> Substantial improvement?<br><input type="checkbox"/> <input type="checkbox"/> Substantially damaged?<br><input type="checkbox"/> <input type="checkbox"/> Floodshields part of proposed work? |

| 21 Demolition Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).</i><br>Yes No<br>21A <input type="checkbox"/> <input type="checkbox"/> Demo. filing is for a secondary structure? <i>If yes, specify structure being demolished:</i><br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? <i>If yes, mechanical means will demolish:</i> <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure<br><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? <i>If yes, describe equipment proposed:</i><br>21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope<br><input type="checkbox"/> <input type="checkbox"/> The scope of work involves raising/moving of a building |

| 22 Asbestos Abatement Compliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Choose one.</i><br><input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).<br><input type="checkbox"/> The scope of the work is <b>not</b> an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i><br>DEP ACP-5 Control No. _____<br><input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1. |

| 23 Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising<br>Type: <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated<br>Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof <input type="checkbox"/> Wall<br>Estimated Cost: \$ _____<br>Total Square Feet: _____<br>Height above Curb: _____ ft. _____ in.<br>Height above Roof: _____ ft. _____ in.<br>Yes No<br><input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. _____ in.<br><input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i><br><input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i><br><input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i><br><input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i><br>.....► <i>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</i> | 23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect<br>Yes No<br><input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i><br>23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?<br>23C Sign wording. <i>If extensive, provide only key wording.</i><br>23D Distance from Arterial Highway: _____ ft.<br>23E Distance from Park 1/2 acre or more: _____ ft.<br>23F OAC Sign Number: _____<br>23G OAC Registration Number: _____ |

| 24 Comments                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|
| <i>Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.</i> |

POST APPROVAL AMENDMENT PLANS AND DOCUMENTS FILED HERewith FOR SCHEDULE B CHANGE. GAS CLOTHES DRYER TO BE REMOVED IN SECOND FLOOR AND REPLACED WITH ELECTRIC CLOTHES DRYER.

**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 completely understand the instructions pertaining to this application and supplementary schedules submitted. **Cluster Development Statement** (if applicable): I hereby state that all specifications related to this job are identical to those previously filed under the group lead job number, except as specified herein.

**For initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only:** does this building qualify for high-rise designation? ☐ Yes ☐ No

**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. ☐ Yes ☐ No

Name (print): **GIUSEPPE BONOMO**

Sign and Date: *Giuseppe Bonomo 1.9.20*

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

**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. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

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 all applicable laws, rules, and regulations.

Yes No

☐ ☐ **Fee Exemption Request (Non-Profit Owned and Operated)**

In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section and that the property is used exclusively by such entity for such purposes. ★

☐ ☐ **Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated)** The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★

☐ ☐ **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 New York State Homes and Community Renewal (NYSHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.

☐ The owner has notified the New York State Homes and Community Renewal (NYSHCR) 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 NYSHCR notified:** \_\_\_\_\_

☐ ☐ **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 and the work is not inconsistent with the current certificate of 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 satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

**Notes for Section 26A:** Section required if unit owner signed Section 26. Signature required for authorized representative of Condo or Co-Op board

★ For fee waivers please see the PW1 User Guide

Owner ☒ Individual ☐ Partnership ☐ NYCHA / HHC

Type: ☐ Corporation ☐ Other Government ☐ NYC Agency

☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the deed holder a non-profit organization? ☐ Yes ☐ No

Name (please print): \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Business Name/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature and Date ► \_\_\_\_\_

**26A Condo/Co-Op Board** *See note in bottom left corner of page.*

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature and Date ► \_\_\_\_\_

**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: \_\_\_\_\_