

# PW1: Plan / Work Application

Must be typewritten.

 Orient and affix BIS job number label here 

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

House No(s) **180** Street Name **LIVINGSTON AVENUE**

Borough **STATEN ISLAND** Block **00815** Lot **00009** BIN **5021071** C.B. No. **502**

Work on Floor(s) **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 **PETERSEN** First Name **TOM** Middle Initial

Business Name **TOM PETERSEN ARCHITECT, LLC** Business Telephone **(732) 730-1763**

Business Address **6 COUNTRY LANE** Business Fax

City **HOWELL** State **NJ** Zip **07731** Mobile Telephone

E-Mail **PETERSEN8@OPTONLINE.NET** License Number **035290**

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other, please specify:

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

Last Name First Name Middle Initial

Business Name Business Telephone

Business Address Business Fax

City State Zip Mobile Telephone

E-Mail Registration Number

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

☒ **Initial Filing** 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☒ 2008 ☐ 1968 ☐ Prior to 1968

Choose ☐ Standard Plan Examination or Review one: ☒ Professional Certification PC1, POC1

☐ Professional Cert. of Objections A11

☐ **Prior to Approval Actions** 25-26

☐ Amend Existing Filing 4A

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

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

Will PAA affect filing fees? ☐ Yes ☐ No

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

☐ **Reinstatement** 24-26

☐ **Withdrawal** 26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

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

☐ **Alteration Type 1** 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply:

☐ Change in Exits

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup.

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

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

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

☐ **New Building** 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1

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

☐ **Sign** 5A, 6B-D, 9B, 22-23

☐ **Subdivision** 9B, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☐ Yes ☒ No

## 6 Work Types *Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.*

6A ☐ BL - Boiler PW1C

☐ FS - Fuel Storage PW1C

☐ PL - Plumbing PW1B

6E ☐ CC - Curb Cut 16

☐ FA - Fire Alarm

☐ FP - Fire Suppression

☐ SD - Standpipe PW1B

6F ☐ OT/ANT - Antenna

☐ FB - Fuel Burning PW1C

☐ MH - Mechanical

☐ SP - Sprinkler PW1B

☐ OT/BPP - Builders Pavement Plan 8D

6B ☐ EQ - Construction Equipment 15

6C ☐ OT/GC - General Construction

6D ☒ OT - Other, describe: **SOLAR**

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T0000116969-000011

User Ref ID: BURKE180

06/14

If this PW1 Application is being filed electronically as part of a professionally certified application, then it must be filed simultaneously with an electronically filed POC1 form that includes all applicable applicant and owner signatures.

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

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

**8 Additional Information**

|                                           |           |              |    |      |    |      |    |                                                                                                                                                                                                                                                                      |                      |                                       |
|-------------------------------------------|-----------|--------------|----|------|----|------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|
| 8A                                        | WT        | Cost         | WT | Cost | WT | Cost | 8B | Is a building enlargement proposed?<br><input checked="" type="checkbox"/> No enlargement is proposed<br><input type="checkbox"/> Yes <b>12, PD1</b><br><input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>Additional Construction Floor Area: | 8C                   | Estimated Job Cost \$ <b>16551</b>    |
|                                           | <b>OT</b> | <b>16551</b> |    |      |    |      |    |                                                                                                                                                                                                                                                                      | 8D                   | Street Frontage: linear ft.           |
|                                           |           |              |    |      |    |      |    |                                                                                                                                                                                                                                                                      | 8E                   | Height: ft. Width: ft.                |
|                                           |           |              |    |      |    |      |    |                                                                                                                                                                                                                                                                      | 8F                   | Name of cluster or development below: |
| 8G Total Construction Floor Area: sq. ft. |           |              |    |      |    |      |    |                                                                                                                                                                                                                                                                      | Project lead job no. |                                       |

**9 Additional Considerations, Limitations or Restrictions**

|                                                         |                                                              |                                                                                                 |                                                              |                                                  |                                           |                                 |      |
|---------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------|------|
| Yes                                                     | No                                                           | Yes                                                                                             | No                                                           | 9F                                               | Structural Peer Reviewer License No. P.E. |                                 |      |
| 9A                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Structural peer review required per BC §1627 <i>If yes, 9F</i>                                  | <input type="checkbox"/> <input checked="" type="checkbox"/> | Landmark                                         | 9G                                        | Local Law No(s)                 | Year |
| 9B                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Filed to Comply with Local Law <i>If yes, 9G</i>                                                | <input type="checkbox"/> <input checked="" type="checkbox"/> | "Little E" or RD Site                            |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Other, specify: _____                                                                           | <input type="checkbox"/> <input checked="" type="checkbox"/> | Unmapped Street                                  |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Restrictive Declaration / Easement <i>If yes, 9M</i>                                            | <input type="checkbox"/> <input checked="" type="checkbox"/> | Filing to Address Violation(s) <i>If yes, 9H</i> | 9H                                        | Violation No(s)                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i>                                             |                                                              |                                                  |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Requesting legalization of work where no work w/o a permit violations have been issued          |                                                              |                                                  |                                           |                                 |      |
| 9C                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Adult Establishment <i>If yes, plot diagram (except DM)</i>                                     | <input type="checkbox"/> <input checked="" type="checkbox"/> | Included in LMCCC                                | 9I                                        | BSA Calendar No(s)              |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Compensated Development (Inclusionary Housing)                                                  | <input type="checkbox"/> <input checked="" type="checkbox"/> | Infill Zoning                                    |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Low Income Housing (Inclusionary Housing)                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> | Loft Board                                       |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Single Room Occupancy (SRO) Multiple Dwelling                                                   | <input type="checkbox"/> <input checked="" type="checkbox"/> | Quality Housing                                  | 9J                                        | CPC Calendar No(s)              |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>                                  | <input type="checkbox"/> <input checked="" type="checkbox"/> | Site Safety Job/Project                          |                                           |                                 |      |
| 9D                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Includes permanent removal of standpipe, sprinkler or fire suppression related systems          |                                                              |                                                  | 9K                                        | High-Rise Team Tracking Number: |      |
| 9E                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>                  |                                                              |                                                  |                                           |                                 |      |
|                                                         | <input type="checkbox"/> <input checked="" type="checkbox"/> | Structural Stability affected by proposed work                                                  |                                                              |                                                  |                                           |                                 |      |
| 9L                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> | Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505] |                                                              |                                                  |                                           |                                 |      |
| 9M CRFN(s) Restrictive Declaration / Easement (max. 4): |                                                              |                                                                                                 |                                                              |                                                  |                                           |                                 |      |
| 9N CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):  |                                                              |                                                                                                 |                                                              |                                                  |                                           |                                 |      |

**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\*
- ☐ Energy analysis is on another job number: \_\_\_\_\_
- Yes No
- ☐ ☐ This application is, or is part of, a project that utilizes trade-offs among different major systems  
☐ ☐ This application utilizes trade-offs within a single major system
- ☒ 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 work is entirely in a "low-energy building" and is limited to the building envelope.  
☒ The scope of work does not affect the energy use of the building.  
☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

\* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

**11 Job Description**

FLUSH MOUNT ROOF TOP SOLAR ARRAY

**11A Related DOB Job Numbers**

11B Primary application job no.

DOB Reference Number: T00001116969-000011

User Ref ID: BURKE180

**12 Zoning Characteristics**

|                                                                                              |                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12A District(s) <b>R3X</b></b><br>Overlay(s)<br>Special Dist.(s)<br>Map Number <b>27a</b> | <b>12B Street legal width:</b> _____ 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> |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 12C Proposed:          | Use* | Zoning Floor Area | District | FAR | Proposed Lot Details:                                                                                        | Proposed Yard Details:                              |
|------------------------|------|-------------------|----------|-----|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                        |      | sq. ft.           |          |     | Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through | Check here if no yards: <input type="checkbox"/> or |
|                        |      | sq. ft.           |          |     | Lot Coverage _____ %                                                                                         | Front Yard _____ ft.                                |
|                        |      | sq. ft.           |          |     | Lot Area _____ sq. ft.                                                                                       | Rear Yard _____ ft.                                 |
|                        |      | sq. ft.           |          |     | Lot Width _____ ft.                                                                                          | Rear Yard Equivalent _____ ft.                      |
|                        |      | sq. ft.           |          |     | Proposed Other Details:                                                                                      | Side Yard 1 _____ ft.                               |
|                        |      | sq. ft.           |          |     |                                                                                                              | Side Yard 2 _____ ft.                               |
| <b>Proposed Totals</b> |      | sq. ft.           |          |     | If yes, no. of parking spaces: _____                                                                         |                                                     |
| <b>Existing Total</b>  |      | sq. ft.           |          |     | Perimeter Wall Height _____ ft.                                                                              |                                                     |

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

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

|                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>13A Primary structural system, choose 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                              | Existing   | Proposed                                                            | 13D Building Type:                                                                   | Existing | Proposed |
|----------------------------------|------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------|----------|
| Structural Occupancy Category    |            |                                                                     | <input checked="" type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other |          |          |
| Seismic Design Category          |            |                                                                     | Mixed use building? <input type="checkbox"/> Yes <input type="checkbox"/> No         |          |          |
| Occupancy Classification*        | <b>R-3</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                      |          |          |
| Construction Classification      | <b>5-B</b> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                      |          |          |
| Multiple Dwelling Classification |            |                                                                     |                                                                                      |          |          |

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>13F Building was originally erected pursuant to which Building Code:</b> <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"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 | <b>13E</b><br>Building Height _____ ft.<br>Building Stories _____<br>Dwelling Units <b>1</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

**14 Fill Choose one.**
☒ Not Applicable
 ☐ On-Site
 ☐ Off-Site
 ☐ Under 300 cubic yards
**15 Construction Equipment**
☐ Chute
 ☐ Sidewalk Shed
 Construction Material: \_\_\_\_\_  
☐ Fence
 Size: \_\_\_\_\_ linear ft.
 BSA/MEA Approval No. \_\_\_\_\_  
☐ Supported Scaffold
 ☐ Other: \_\_\_\_\_
**16 Curb Cut Description**
 Size of cut (with splays): \_\_\_\_\_ ft.  
 Distance to nearest corner: \_\_\_\_\_ ft.  
 to street: \_\_\_\_\_
**17 Tax Lot Characteristics**

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Tentative tax lot numbers (new tax lots only):

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**18 Fire Protection Equipment**

|                  | Existing                 |                          | Proposed                 |                          |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                  | Yes                      | No                       | Yes                      | No                       |
| Fire Alarm       | <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**

|                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------|-----|----|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Tidal / Fresh Water Wetlands |     |    |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal                |     |    |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fire District                |     |    |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area            |     |    |

**21 Demolition Details** \*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

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

Purpose:

☐ Advertising☐ Non-Advertising

Type:

☐ Illuminated 23A☐ Non-Illuminated

Estimated Cost: \$

Total Square Feet:

Height above Curb: 000 ft. 00 in.

Height above Roof: 000 ft. 00 in.

Location: ☐ Ground ☐ Roof 23B ☐ Wall

Yes No

☐ ☐ Is sign inside building line? *If no, sign projects by:* 00 ft. 00 in.☐ ☐ Designed for changeable copy? *If no, 23C*☐ ☒ Does an OAC have an interest in this sign or location? *If yes, 23G*☐ ☐ Within 900' and within view of an arterial highway? *If yes, 23D*☐ ☐ Within 200' and within view of a park 1/2 acre or more? *If yes, 23E*► *If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F*23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

☐ ☐ If sign projects beyond building line, is owner billed for annual permit? *If no, specify in 26B*23B ☐ ☐ Is roof sign tight, closed or solid?23C Sign wording. *If extensive, provide only key wording.*

23D Distance from Arterial Highway: ft.

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

23F OAC Sign Number:

23G OAC Registration Number:

**24 Comments** Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.**25 Applicant's Statements and Signatures** Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules, ☐ (←check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

**Cluster Development Statement** (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

Yes No

☐ ☐ For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?☐ ☐ Directive 14 initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print)

TOM PETERSEN

Signature

See POC1 for completion of this section Date including all signatures and seals.

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

DOB Reference Number: T00001116969-000011

User Ref ID: BURKE180

**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 the New York City Energy Conservation Code (NYCECC).

Yes No

☐ ☒ **Fee Deferred Request Statement**

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

☐ ☒ **Fee Exemption Request Statement**

In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☒ **Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☒ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. **If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

**Provide date DHCR notified:**

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

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

☐ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**

I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

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

Is the owner a non-profit organization? ☐ Yes ☒ No

Name (please print): **MARY BURKE**

Relationship to Owner: **SELF**

Business Name/Agency: **N/A**

Street Address: **180 LIVINGSTON AVENUE**

City: **STATEN ISLAND** State: **NY** Zip: **10314**

Telephone Number: **(347) 350-4194** Fax:

E-Mail Address: **ABURKE05@AOL.COM**

Signature and Date  See POC1 for completion of this section including all signatures and seals.

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

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date\* 

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

**26B Lessee Responsible for Annual Sign or Marquee Permit**

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

**Internal Use Only**

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼

Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

**DOB Reference Number: T00001116969**

**User Ref ID: BURKE180**