



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) 550 | Street Name WEST 34TH STREET |
| Borough MANHATTAN | Block 00705 Lot 00001 BIN 1089412 C.B. No. 104 |
| Work on Floor(s) 001 to 017, SC, CEL | Apt. / Condo No(s) |

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

| | | |
|---|-----------------------------------|------------------|
| Last Name GALLAGHER | First Name MARC | Middle Initial J |
| Business Name LANGAN ENGINEERING & ENVIRONMENT | Business Telephone (212) 479-5400 | |
| Business Address 21 PENN PLAZA, 360 WEST 31ST STREET, 8TH FLOOR | Business Fax (212) 479-5444 | |
| City NEW YORK State NY Zip 10001 | Mobile Telephone (201) 913-7971 | |
| E-Mail MGALLAGHER@LANGAN.COM | License Number 081664 | |
| Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> 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 MCCLAM/ZARRA/D'ONZA | First Name MAUR/DANE/NICHO | Middle Initial |
| Business Name KM ASSOCIATES OF NY, INC. | Business Telephone (212) 563-6760 | |
| Business Address 158 WEST 29TH STREET, 7TH FLOOR | Business Fax (212) 563-6753 | |
| City NEW YORK State NY Zip 10001 | Mobile Telephone | |
| E-Mail MMCCLAM@KMAOFNY.COM | Registration Number 001827 | |

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

| | | |
|--|---|--|
| <input type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 | <input checked="" type="checkbox"/> Prior to Approval Actions 25-26 | <input type="checkbox"/> Reinstatement 24-26 |
| Review is requested under which Building Code? | <input type="checkbox"/> Amend Existing Filing 4A | <input type="checkbox"/> Withdrawal 26 |
| <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 | <input checked="" type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11 | <input type="checkbox"/> Specified in 4A and 6 |
| Choose <input type="checkbox"/> Standard Plan Examination or Review | <input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25 | <input type="checkbox"/> Entire Job |
| one: <input type="checkbox"/> Professional Certification PC1, POC1 | Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4A Indicate existing document number affected by filing: |
| <input type="checkbox"/> Professional Cert. of Objections A11 | <input type="checkbox"/> New (Superseding) Applicant 4A, 25-26 | |

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

| | | |
|---|--|---|
| <input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply: | <input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1 | <input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22 |
| <input type="checkbox"/> Change in Exits | <input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22 | <input type="checkbox"/> Sign 5A, 6B-D, 9B, 22-23 |
| <input type="checkbox"/> Change in Number of Stories | <input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 | <input type="checkbox"/> Subdivision 9B, 12A-B |
| <input type="checkbox"/> Change in Number of Dwelling Units | <input checked="" type="checkbox"/> New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E | <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17 |
| <input type="checkbox"/> Change in Occupancy / Use | (13B: 2008 Code only), 14, 18-20, PW1A, PD1 | 5A Directive 14 acceptance requested? |
| <input type="checkbox"/> Change inconsistent with current Cert. of Occup. | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> BL - Boiler PW1C | <input type="checkbox"/> FS - Fuel Storage PW1C | <input type="checkbox"/> PL - Plumbing PW1B | 6E <input type="checkbox"/> CC - Curb Cut 16 |
| <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FP - Fire Suppression | <input type="checkbox"/> SD - Standpipe PW1B | 6F <input type="checkbox"/> OT/ANT - Antenna |
| <input type="checkbox"/> FB - Fuel Burning PW1C | <input type="checkbox"/> MH - Mechanical | <input type="checkbox"/> SP - Sprinkler PW1B | <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D |
| 6B <input type="checkbox"/> EQ - Construction Equipment 15 | 6C <input type="checkbox"/> OT/GC - General Construction | 6D <input checked="" type="checkbox"/> OT - Other, describe: EXCAVATION | <input type="checkbox"/> OT/FPP - Fire Protection Plan |
| | | | <input type="checkbox"/> OT/MAR - Marquee 8E, 26B |

DOB Reference Number: T00001017574-000016
User Ref ID: 11692-EXC

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12 Zoning Characteristics

| | |
|--|--|
| 12A District(s) _____ Overlay(s) _____ Special Dist.(s) _____ Map Number _____ | 12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private <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: Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No | Side Yard 1 _____ ft. |
| | | sq. ft. | | | | Side Yard 2 _____ ft. |
| Proposed Totals | | sq. ft. | | | | |
| Existing Total | | sq. 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.

| | | | | | |
|--|--|--|--|--|--|
| 13A Primary structural system, choose one : <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: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other |
|-------------------------------|----------|----------|--|
| Structural Occupancy Category | | | Mixed use building? [†] <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Seismic Design Category | | | |

| 13C | 2008 Code Designations? | 2008 Code Designations? | 13E |
|----------------------------------|--|--|---------------------------|
| Occupancy Classification* | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes** | Building Height _____ ft. |
| Construction Classification | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | Building Stories _____ |
| Multiple Dwelling Classification | | | Dwelling Units _____ |

13F Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968
 The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968

14 Fill Choose one.
☐ Not Applicable ☐ On-Site ☐ Off-Site ☐ Under 300 cubic yards
15 Construction Equipment
☐ Chute ☐ Sidewalk Shed Construction Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA Approval No. _____
☐ Supported Scaffold ☐ Other: _____
16 Curb Cut Description
 Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 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
☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal
☐ ☐ Fire District
☐ ☐ Flood Hazard Area

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

Yes No

- 21A ☐ ☐ Demo. filing is for a secondary structure? If yes, specify structure being demolished:
☐ ☐ Mechanical means* from out of building? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure
☐ ☐ Mechanical means* from within building? If yes, describe equipment proposed:
 21B ☐ ☐ Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

- ☐ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).
☐ The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP.
☐ The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)).

23 Sign

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

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 and provided 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. ☐ (I check here in box of 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)

MARC GALAGHER

Signature

Date

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 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): HAGEN SCUTT

Relationship to Owner: AGENT FOR OWNER

Business Name/Agency: ONE HUDSON YARDS OWNER LLC

Street Address: 60 COLUMBUS CIRCLE

City: NEW YORK State: NY Zip: 10023

Telephone Number: (212) 801-1047 Fax: () -

E-Mail Address: HAGEN.SCUTT@RELATED.COM

Signature and Date

 5/10/14 **SIGN HERE**

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: