



TR1: Technical Report Statement of Responsibility

This form must be typewritten

Orient and affix BLS
job number label here 121184841

1 Location Information Required for all applications.

House No(s) 550 Street Name WEST 34TH STREET

Work on Floor(s) SUB C, CEL, 1-17

2 Applicant Information Required for all applications.

Choose all that apply: ☐ Design Applicant 3A, 4A, 5 ☒ Special Inspections Applicant 3B-D, 6-8 ☐ Progress Inspections Applicant 4B-D, 6-8

Last Name GALLAGHER

First Name MARC

Middle Initial J

Business Name LANGAN ENGINEERING & ENVIRONMENTAL SERVI

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

License Type choose one: ☒ P.E. ☐ R.A. ☐ Other.

License Number 081664

Special Inspection
Agency Number 001265

3 Special Inspection Items Required for all applications, continued on page 2; indicates report required.

3A Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N Special Inspections	Code/Section	Initial & Date	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/> Flood Zone Compliance	BC G105		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fire Alarm Test	BC 907, BC 1704.13		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Photoluminescent Exit Path Markings TR7	BC 1026.11		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Emergency Power Systems (Generators)	BC 1704.13, BC 2702		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Structural Steel - Welding	BC 1704.3.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Structural Steel - Erection & Bolting	BC 1704.3.2, BC 1704.3.3		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Structural Cold-Formed Steel	BC 1704.3.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Cast-In-Place	BC 1704.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Precast	BC 1704.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Prestressed	BC 1704.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Masonry	BC 1704.5		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Off-Site fabrication of Structural Elements	BC 1704.6		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of High-Load Diaphragms	BC 1704.6.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of Metal-Plate-Connected Trusses	BC 1704.6.3		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of Prefabricated I-Joists	BC 1704.6.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Site Preparation	BC 1704.7.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Fill placement & In-Place Density	BC 1704.7.2, BC 1704.7.3		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Investigations (Borings/Test Pits) TR4	BC 1704.7.4	AS 9/5/14	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Pier Foundations & Drilled Pier Installation TR5	BC 1704.8		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Pier Foundations	BC 1704.9		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Underpinning	BC 1704.9.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Wall Panels, Curtain Walls, and Veneers	BC 1704.10		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Sprayed Fire-Resistant Materials	BC 1704.11		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Exterior Insulation Finish Systems (EIFS)	BC 1704.12		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Alternative Materials - QTCR Buildings Bulletin #	BC 1704.13		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Smoke Control Systems	BC 1704.14		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Mechanical Systems	BC 1704.15		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fuel-Oil Storage and Fuel-Oil Piping Systems	BC 1704.16		
<input type="checkbox"/>	<input checked="" type="checkbox"/> High-Pressure Steam Piping (Welding)	BC 1704.17		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Fuel-Gas Piping (Welding)	BC 1704.18		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Structural Safety - Structural Stability	BC 1704.19		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Mechanical Demolition	BC 1704.19, BC 3306.6		

3 Special Inspection Items (continued) Required for all applications. ■ indicates report required.				
3A Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N	Special Inspections	Code/Section	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation - Sheeting, Shoring, and Bracing	BC 1704.19, BC 3304.4.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Drywell	BC 1704.20.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Raising and Moving of a Building	BC 1704.19, BC 1704.27	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Septic	BC 1704.20.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Storm Drainage Disposal and Detention System Installation	BC 1704.20	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic System Installation	BC 1704.20	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Systems	BC 1704.21	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Standpipe Systems	BC 1704.22	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating Systems	BC 1704.23	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimneys	BC 1704.24	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Firestop, Draftstop, and Fireblock systems	BC 1704.25	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Welding	BC 1704.26	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seismic Isolation Systems	BC 1707.8	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Test Cylinders	TR2 BC 1905.8	Submit TR2 to complete these items
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Design Mix	TR3 BC 1905.3	Submit TR3 to complete these items

4 Progress Inspection Items Required for all applications. ■ indicates report required.				
4A Identification of Requirement		4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
Y	N	Progress Inspections	Code/Section	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preliminary	28-116.2.1, BC 109.2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Footings and Foundation	BC 109.3.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lowest Floor Elevation (attach FEMA form)	BC 109.3.2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frame Inspection	BC 109.3.3	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Energy Code Compliance Inspections	TR6 BC 109.3.5	Submit TR6 to complete this item
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire-Resistance Rated Construction	BC 109.3.4	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Assembly Emergency Lighting	28-116.2.2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Final*	28-116.2.4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10	

* For column 4C, indicate date when the actual final inspection was performed

5 Design Applicant's Statements and Signatures P.E./R.A. responsible for plans, choose both below and sign/seal.	
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☐ I have identified all of the special inspections, progress inspections and tests required for compliance.

☒ I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1)

Name (please print)

MARC GALLAGHER

Signature

Date

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

6 Owner's Statement and Signature for Progress/Special Inspector Required when inspection applicant identifies responsibilities.	
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I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible progress inspector. 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 a fine or imprisonment, 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.

Name (print) HAGEN SCUTT

Title AGENT FOR OWNER

Signature

Date

7 Inspection Applicant's Identification of Responsibilities

Check all that apply below:

- ☒ For the **special inspections** indicated above in section 3, I certify that I am the principal/director of the special inspection agency accepting responsibility for conducting the inspections. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with special inspections as well as 1 RCNY 101-06 Rule, which specifies the qualifications required for each inspection and that this agency meets those qualifications for each and every special inspection for which I/we take responsibility. I agree that both I and the agency will comply with all provisions of the New York City Construction Codes and the Rule. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ I certify that I am conducting **Small Building Inspections** and assume the responsibility for the special inspections specified in section 3 above. I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests. All inspection and test reports shall be signed and made available to the Department. I understand that a qualified special inspection agency is required for Soils Investigation, Pier and Pile Installation, Underpinning of structures and Protection of the sides of excavations greater than 10 feet in depth. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ For the **progress inspections** indicated above in section 4, except energy code inspections on the TR1EN form, and/or **concrete test items** indicated in section 3, I assume the responsibility and I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests on such forms and in such matter as the Department requires or requests. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Final Inspection:

- ☐ I will make final inspection of the construction work, including those inspections during its progress necessary to my certification upon final inspection that all work substantially conforms to approved construction documents and applicable laws and rules. I will confirm that the performance of progress inspections and other inspections has been documented before I report the work complete. As prescribed by 1 RCNY 101-10, I will perform the final inspection within 1 year from the expiration of the last valid permit of the work.
- Upon completion of the work and within 30 days of my final inspection, I will file a certification attesting to the fact that all work was performed and completed in accordance with the approved construction documents, laws and rules, except as reported otherwise.

I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities within one year from expiration of the last valid permit may result in the loss of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Change of Applicant:** I am a newly designated individual responsible for the items specified herein and I hereby state that:

- ☐ None of the inspections/tests indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

MARC GALLAGHER

Signature

Date

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

8 Inspection Applicant's Certification of Completion

- ☐ I have completed the items specified herein and certify the following (check one only):
- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations.
- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations, except as indicated in the attached report.
- I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for the items of special/progress inspections and/or tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

Signature

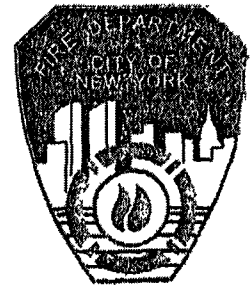
Date

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



FIRE DEPARTMENT

BUREAU OF FIRE PREVENTION
9 METROTECH CENTER 3RD FLOOR - BROOKLYN, NY 11201-3857



WHITNEY MUSEUM OF AMER

945 MADISON AVE
NEW YORK, NY 10021

BLDGS DEPT APPL. NO: 122083173
ACCOUNT NUMBER: 34298596
DATE OF APPROVAL: 11/26/14
DATE OF INSPECTION: 11/26/14
INSPECTOR NAME: J. CHIARCHIARO
PLAN NUMBER:
FLOOR(S) INSPECTED: FLS: RF

PREMISES

820 WASHINGTON ST

BOROUGH

NEW YORK

LETTER OF APPROVAL

THIS LETTER OF APPROVAL COVERS THE SYSTEM INDICATED BELOW. IT IS
SUBJECT TO ADMINISTRATIVE REVIEW AND AUDIT.

APPROVAL OF THE SYSTEMS(S) IS GRANTED IN ACCORDANCE WITH:

☐ SELF CERTIFICATION ☒ INSPECTION ☐ PROFESSIONAL CERTIFICATION

GROUP F (FACTORY) FAS*****29 NYC Admin. Code § FC 104.2
AFD/SPK/EVAC*****
POST-FIRE SMOKE PURGE SYSTEM*****
ADDITIONS*****
DCS, MT. VERNON/NY*****

Sincerely,

Chief of Fire Prevention
City of New York

34298596 0

12/04/14

34355,4



TR1: Technical Report
Statement of Responsibility
This form must be typewritten

121905849
Orient and affix BIS
job number label here

1 Location Information Required for all applications.

House No(s) 220

Street Name WEST HOUSTON STREET

Work on Floor(s) OSP

2 Applicant Information Required for all applications.

Choose all that apply: ☐ Design Applicant 3A, 4A, 5 ☐ Special Inspections Applicant 3B-D, 6-8 ☒ Progress Inspections Applicant 4B-D, 6-8

Last Name MATHER

First Name SAMUEL

Middle Initial

Business Name SAM MATHER ARCHITECT

Business Telephone 212-686-4891

Business Address 29-10 120th STREET

Business Fax

City FLUSHING

State NY

Zip 11354

Mobile Telephone

License Type choose one: ☐ P.E. ☒ R.A. ☐ Other:

License Number 25884

Special Inspection
Agency Number

3 Special Inspection Items Required for all applications, continued on page 2, ■ indicates report required

3A Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N Special Inspections	Code/Section	Initial & Date	Initial & Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Flood Zone Compliance	BC G105		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fire Alarm Test	BC 907, BC 1704.13		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Photoluminescent Exit Path Markings ■ TR7	BC 1026.11		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Emergency Power Systems (Generators)	BC 1704.13, BC 2702		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Structural Steel - Welding	BC 1704.3.1		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Structural Steel - Erection & Bolting	BC 1704.3.2, BC 1704.3.3		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Structural Cold-Formed Steel	BC 1704.3.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Cast-In-Place	BC 1704.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Precast	BC 1704.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Concrete - Prestressed	BC 1704.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Masonry	BC 1704.5		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Off-Site fabrication of Structural Elements	BC 1704.6		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of High-Load Diaphragms	BC 1704.6.1		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of Metal-Plate-Connected Trusses	BC 1704.6.3		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Wood - Installation of Prefabricated I-Joists	BC 1704.6.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Site Preparation	BC 1704.7.1		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Fill placement & In-Place Density	BC 1704.7.2, BC 1704.7.3		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Soils - Investigations (Borings/Test Pits) ■ TR4	BC 1704.7.4		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pile Foundations & Drilled Pier Installation ■ TR5	BC 1704.8		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Pier Foundations	BC 1704.9		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Underpinning	BC 1704.9.1		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Wall Panels, Curtain Walls, and Veneers ■	BC 1704.10		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Sprayed Fire-Resistant Materials	BC 1704.11		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Exterior Insulation Finish Systems (EIFS)	BC 1704.12		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Alternative Materials - OTCR Buildings Bulletin #	BC 1704.13		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Smoke Control Systems	BC 1704.14		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mechanical Systems	BC 1704.15		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fuel-Oil Storage and Fuel-Oil Piping Systems	BC 1704.16		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> High-Pressure Steam Piping (Welding)	BC 1704.17		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Fuel-Gas Piping (Welding)	BC 1704.18		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Structural Safety - Structural Stability	BC 1704.19		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Mechanical Demolition	BC 1704.19, BC 3306.6		

3 Special Inspection Items (continued) Required for all applications; ■ indicates report required

3A Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N	Special Inspections	Code/Section	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation - Sheeting, Shoring, and Bracing	BC 1704 19, BC 3304 4 1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Drywell	■ BC 1704 20.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Septic	■ BC 1704 20.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Storm Drainage Disposal and Detention System Installation	BC 1704 20	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic System Installation	BC 1704.20	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Systems	BC 1704.21	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Standpipe Systems	BC 1704.22	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating Systems	BC 1704.23	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimneys	BC 1704 24	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Firestop, Draftstop, and Fireblock systems	BC 1704 25	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Welding	BC 1704 26	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seismic Isolation Systems	BC 1707 8	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Test Cylinders	■ TR2 BC 1905 6	Submit TR2 to complete these items
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Design Mix	■ TR3 BC 1905 3	Submit TR3 to complete these items

4 Progress Inspection Items Required for all applications. ■ indicates report required.

4A Identification of Requirement		4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
Y	N	Progress Inspections	Code/Section	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preliminary	28-116 2.1, BC 109.2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Footings and Foundation	BC 109 3.1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lowest Floor Elevation (attach FEMA form)	BC 109 3.2	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frame Inspection	BC 109.3.3	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Energy Code Compliance Inspections	■ TR8 BC 109.3 5	Submit TR8 to complete this item
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire-Resistance Rated Construction	BC 109 3 4	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Assembly Emergency Lighting	28-116.2.2	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final*	28-116 2 4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10	1/31/15 [Signature]

* For column 4C, indicate date when the actual final inspection was performed

5 Design Applicant's Statements and Signatures P.E./R.A. responsible for plans, choose both below and sign/seal.

☐ I have identified all of the special inspections, progress inspections and tests required for compliance.

☐ I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1)

Name (please print)

Signature

Date

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

6 Owner's Statement and Signature for Progress/Special Inspector Required when inspection applicant identifies responsibilities

I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible progress inspector. 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 a fine or imprisonment, 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

Name (print)

Title

Signature

Date

7 Inspection Applicant's Identification of Responsibilities

Check all that apply below:

- ☐ For the **special inspections** indicated above in section 3, I certify that I am the principal/director of the special inspection agency accepting responsibility for conducting the inspections. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with special inspections as well as 1 RCNY 101-06 Rule, which specifies the qualifications required for each inspection and that this agency meets those qualifications for each and every special inspection for which I/we take responsibility. I agree that both I and the agency will comply with all provisions of the New York City Construction Codes and the Rule. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ I certify that I am conducting **Small Building Inspections** and assume the responsibility for the special inspections specified in section 3 above. I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests. All inspection and test reports shall be signed and made available to the Department. I understand that a qualified special inspection agency is required for Soils Investigation, Pier and Pile installation, Underpinning of structures and Protection of the sides of excavations greater than 10 feet in depth. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ For the **progress inspections** indicated above in section 4, except energy code inspections on the TR1EN form, and/or **concrete test items** indicated in section 3, I assume the responsibility and I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests on such forms and in such matter as the Department requires or requests. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Final Inspection:

- ☐ I will make final inspection of the construction work, including those inspections during its progress necessary to my certification upon final inspection that all work substantially conforms to approved construction documents and applicable laws and rules. I will confirm that the performance of progress inspections and other inspections has been documented before I report the work complete. As prescribed by 1 RCNY 101-10, I will perform the final inspection within 1 year from the expiration of the last valid permit of the work.

Upon completion of the work and within 30 days of my final inspection, I will file a certification attesting to the fact that all work was performed and completed in accordance with the approved construction documents, laws and rules, except as reported otherwise.

I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities within one year from expiration of the last valid permit may result in the loss of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Change of Applicant:** I am a newly designated individual responsible for the items specified herein and I hereby state that:

- ☐ None of the inspections/tests indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

Signature

Date

PE / RA Seal (apply seal, then sign and date over seal)

8 Inspection Applicant's Certification of Completion

- ☒ I have completed the items specified herein and certify the following (check one only).

- ☒ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations.
- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations, except as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for the items of special/progress inspections and/or tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

SAMUEL MATHER

Signature

PE / RA Seal (apply seal, then sign and date over seal)

121987822



THE NEW YORK CITY LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET 9TH FLOOR NORTH NEW YORK NY 10007
TEL: 212 669-7700 FAX: 212 669-7780



December 23, 2014

ISSUED TO:

Thomas Falus
17 & 24 Corporation
c/o Gumley Haft
415 Madison Avenue, 5th fl.
New York, NY 10018

Re: **NOTICE OF COMPLIANCE**
LPC - 166010
NOC 16-6297
24 WEST 55TH STREET
Rockefeller Apartments
INDIVIDUAL LANDMARK
Borough of Manhattan
Block/Lot: 1270 / 20

The staff of the Landmarks Preservation Commission recently received a request to sign off on interior work completed at the subject premises pursuant to Expedited Certificate of No Effect 15-6743 (LPC 15-6293). Accordingly, the staff reviewed the Commission's files and found that the approved work is limited to interior alterations only, and therefore, the Commission has no objection to the issuance of final Department of Buildings sign-off for the subject application.

Thank you for your cooperation.

A handwritten signature in black ink, appearing to read "Lisa Schaeffer".

Lisa Schaeffer

cc: J. Kamen, RA

120886540.

1 | Reason For Filing *Required for all applications.*

Reason for filing cost affidavit:

Cost information provided must be based on:

1A Indicate existing document number
affected by filing:

- | | |
|--|--|
| <input type="checkbox"/> Initial Filing 2-7 | Estimated cost of construction |
| <input type="checkbox"/> Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| <input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| <input checked="" type="checkbox"/> To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

2 | Location Information *Required for all applications.*

House No(s) **334**

Street Name **E 25th Street**

Borough Manhattan

Block 930

Lot 38

BIN 1020602

C.B. No. 106

3 Cost Details *Required for all applications.*

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. ***“Yes” or “No” must be specified for each “Category of Work” listed below.***

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

Yes No

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

Yes No

- ☒ ☐ General Construction (OT)
☐ Partial Demolition
☐ Non-Structural Demolition
☐ Structural Work
☐ Interior Renovation
☒ Exterior Renovation
☐ (Describe)

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Masonry Repairs	1	LS	180,000	\$180,000
	Painting & Coating	1	LS	58,000	58,000
	Joint Caulking	4200sft	\$7.00	\$29,400	\$29,400
	Lintel Replacement	280LF	\$200/LF	\$56,000	\$56,000
	Miscellaneous Facade Repairs	1	LS	\$64,000	\$64,000
			TOTAL JOB COST: \$ 387,400		

**List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details. For enlargements, only items associated with work performed in the existing area should be listed.*

4 Design Applicant InformationChoose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____

Last Name

First Name

Middle Initial

Business Name

Business Phone

Business Fax

Business Address

Mobile Phone

City

State

Zip

E-Mail

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Cohen

First Name Richard

Middle Initial

Business Name NYC Medical Center

Business Phone 212.263.5268

Business Fax

Business Address 545 First Avenue

Mobile Phone

City New York

State NY

Zip 10016

E-Mail RICHARD.COHEN@NYU

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand 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.

Name (print)

Signature

Date

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

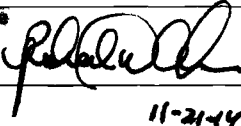
7 Owner's/Lease Holder's Statements and Signatures Notary only required when submitting to obtain Sign-off.

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand 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.

Name (print)

RICHARD COHEN

Signature



Date

11-21-14

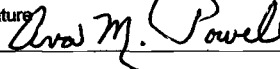
Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

21st day of November 20 14

Notary Public Signature



Notary Seal

AVA M POWELL

Notary Public - State of New York

NO. 01P06219444

Qualified in Bronx County

My Commission Expires 3/29/18

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examination:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		



**TR1: Technical Report
Statement of Responsibility**
This form must be typewritten

120886531

☒ Orient and affix BIS
job number label here ☒

1 Location Information *Required for all applications.*

House No(s) 330 Street Name East 25th Street

Work on Floor(s) ROF 001 thru 005

2 Applicant Information *Required for all applications.*

Choose all that apply: ☐ Design Applicant 3A, 4A, 5 ☒ Special Inspections Applicant 3B-D, 6-8 ☒ Progress Inspections Applicant 4B-D, 6-8

Last Name HANRAHAN

First Name PETER

Middle Initial J

Business Name KABBANI HANRAHAN ASSC

Business Telephone 212-679-4734

Business Address 232 MADISON AVENUE SUITE 1500A

Business Fax

City New York

State NY

Zip 10016

Mobile Telephone

License Type choose one: ☐ P.E. ☒ R.A. ☐ Other:

License Number 020390

Special Inspection
Agency Number 004186

3 Special Inspection Items *Required for all applications, continued on page 2; ■ indicates report required.*

3A Identification of Requirement	3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y N Special Inspections	Code/Section	Initial & Date	Initial & Date
<input checked="" type="checkbox"/> Flood Zone Compliance	BC G105		
<input checked="" type="checkbox"/> Fire Alarm Test	BC 907, BC 1704.13		
<input checked="" type="checkbox"/> Photoluminescent Exit Path Markings ■ TR7	BC 1026.11		
<input checked="" type="checkbox"/> Emergency Power Systems (Generators)	BC 1704.13, BC 2702		
<input checked="" type="checkbox"/> Structural Steel - Welding	BC 1704.3.1		
<input checked="" type="checkbox"/> Structural Steel - Erection & Bolting	BC 1704.3.2, BC 1704.3.3		
<input checked="" type="checkbox"/> Structural Cold-Formed Steel	BC 1704.3.4		
<input checked="" type="checkbox"/> Concrete - Cast-In-Place	BC 1704.4		
<input checked="" type="checkbox"/> Concrete - Precast	BC 1704.4		
<input checked="" type="checkbox"/> Concrete - Prestressed	BC 1704.4		
<input checked="" type="checkbox"/> Masonry	BC 1704.5	11/19/14	
<input checked="" type="checkbox"/> Wood - Off-Site fabrication of Structural Elements	BC 1704.6		
<input checked="" type="checkbox"/> Wood - Installation of High-Load Diaphragms	BC 1704.6.1		
<input checked="" type="checkbox"/> Wood - Installation of Metal-Plate-Connected Trusses	BC 1704.6.3		
<input checked="" type="checkbox"/> Wood - Installation of Prefabricated I-Joists	BC 1704.6.4		
<input checked="" type="checkbox"/> Soils - Site Preparation	BC 1704.7.1		
<input checked="" type="checkbox"/> Soils - Fill placement & In-Place Density	BC 1704.7.2, BC 1704.7.3		
<input checked="" type="checkbox"/> Soils - Investigations (Borings/Test Pits) ■ TR4	BC 1704.7.4		
<input checked="" type="checkbox"/> Pile Foundations & Drilled Pier Installation ■ TR5	BC 1704.8		
<input checked="" type="checkbox"/> Pier Foundations	BC 1704.9		
<input checked="" type="checkbox"/> Underpinning	BC 1704.9.1		
<input checked="" type="checkbox"/> Wall Panels, Curtain Walls, and Veneers ■	BC 1704.10		
<input checked="" type="checkbox"/> Sprayed Fire-Resistant Materials	BC 1704.11		
<input checked="" type="checkbox"/> Exterior Insulation Finish Systems (EIFS)	BC 1704.12		
<input checked="" type="checkbox"/> Alternative Materials - OTCR Buildings Bulletin #	BC 1704.13		
<input checked="" type="checkbox"/> Smoke Control Systems	BC 1704.14		
<input checked="" type="checkbox"/> Mechanical Systems	BC 1704.15		
<input checked="" type="checkbox"/> Fuel-Oil Storage and Fuel-Oil Piping Systems	BC 1704.16		
<input checked="" type="checkbox"/> High-Pressure Steam Piping (Welding)	BC 1704.17		
<input checked="" type="checkbox"/> Fuel-Gas Piping (Welding)	BC 1704.18		
<input checked="" type="checkbox"/> Structural Safety - Structural Stability	BC 1704.19		
<input checked="" type="checkbox"/> Mechanical Demolition	BC 1704.19, BC 3306.6		

3 Special Inspection Items (continued) Required for all applications; ■ indicates report required.

3A Identification of Requirement			3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities
Y	N	Special Inspections	Code/Section	Initial & Date	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation - Sheeting, Shoring, and Bracing	BC 1704.19, BC 3304.4.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Drywell ■	BC 1704.20.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Raising and Moving of a Building	BC 1704.19, BC 1704.27		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Percolation Test - Septic ■	BC 1704.20.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Storm Drainage Disposal and Detention System Installation	BC 1704.20		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Septic System Installation	BC 1704.20		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sprinkler Systems	BC 1704.21		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Standpipe Systems	BC 1704.22		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heating Systems	BC 1704.23		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimneys	BC 1704.24		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Firestop, Draftstop, and Fireblock systems	BC 1704.25		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aluminum Welding	BC 1704.26		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seismic Isolation Systems	BC 1707.8		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Test Cylinders ■ TR2	BC 1905.6	Submit TR2 to complete these items	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concrete Design Mix ■ TR3	BC 1905.3	Submit TR3 to complete these items	

4 Progress Inspection Items Required for all applications. ■ indicates report required.

4A Identification of Requirement			4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdraw Responsibilities
Y	N	Progress Inspections	Code/Section	Initial & Date	Initial & Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preliminary	28-116.2.1, BC 109.2		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Footing and Foundation	BC 109.3.1		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lowest Floor Elevation (attach FEMA form)	BC 109.3.2		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Frame Inspection	BC 109.3.3		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Energy Code Compliance Inspections ■ TR8	BC 109.3.5	Submit TR8 to complete this item	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire-Resistance Rated Construction	BC 109.3.4		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Public Assembly Emergency Lighting	28-116.2.2		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Final* 28-116.2.4.2, BC 109.5, Directive 14 of 1975, and 1 RCNY §101-10			

* For column 4C, indicate date when the actual final inspection was performed

5 Design Applicant's Statements and Signatures P.E./R.A. responsible for plans, choose both below and sign/seal.

☐ I have identified all of the special inspections, progress inspections and tests required for compliance.

☐ I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1)

Name (please print)

Signature

Date

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

6 Owner's Statement and Signature for Progress/Special Inspector Required when inspection applicant identifies responsibilities.

I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible progress inspector. 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 a fine or imprisonment, 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.

Name (print)

Title

Signature

Date

7 Inspection Applicant's Identification of Responsibilities

Check all that apply below:

- ☐ For the **special inspections** indicated above in section 3, I certify that I am the principal/director of the special inspection agency accepting responsibility for conducting the inspections. I further certify that I have read the applicable sections of the New York City Construction Codes in connection with special inspections as well as 1 RCNY 101-06 Rule, which specifies the qualifications required for each inspection and that this agency meets those qualifications for each and every special inspection for which I/we take responsibility. I agree that both I and the agency will comply with all provisions of the New York City Construction Codes and the Rule. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ I certify that I am conducting **Small Building Inspections** and assume the responsibility for the special inspections specified in section 3 above. I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests. All inspection and test reports shall be signed and made available to the Department. I understand that a qualified special inspection agency is required for Soils Investigation, Pier and Pile installation, Underpinning of structures and Protection of the sides of excavations greater than 10 feet in depth. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.
- ☐ For the **progress inspections** indicated above in section 4, except energy code inspections on the TR1EN form, and/or **concrete test items** indicated in section 3, I assume the responsibility and I personally, or where permitted by the New York City Construction Codes, qualified personnel under my direct supervision, will perform the required inspections and tests on such forms and in such matter as the Department requires or requests. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Final Inspection:

- ☐ I will make final inspection of the construction work, including those inspections during its progress necessary to my certification upon final inspection that all work substantially conforms to approved construction documents and applicable laws and rules. I will confirm that the performance of progress inspections and other inspections has been documented before I report the work complete. As prescribed by 1 RCNY 101-10, I will perform the final inspection within 1 year from the expiration of the last valid permit of the work.

Upon completion of the work and within 30 days of my final inspection, I will file a certification attesting to the fact that all work was performed and completed in accordance with the approved construction documents, laws and rules, except as reported otherwise.

I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities within one year from expiration of the last valid permit may result in the loss of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both. I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Change of Applicant:** I am a newly designated individual responsible for the items specified herein and I hereby state that:

- ☐ None of the inspections/tests indicated herein have been performed to date by the previously designated individual.
- ☐ Some of the inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

Signature

Date

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

8 Inspection Applicant's Certification of Completion

- ☒ I have completed the items specified herein and certify the following (check one only):

- ☒ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations.
- ☐ All work performed substantially conforms to approved construction documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations, except as indicated in the attached report.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

- ☐ **Withdrawal of Applicant:** I am withdrawing responsibility for the items of special/progress inspections and/or tests indicated herein and herewith submit the results or status of the work performed to date.

Name (please print)

PETER J. HANRAHAN

Signature

Date

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



AI1: Additional Information
Must be typewritten.

20069362

Page number _____ of _____

BIS Document No. 8

1 Location and Job Information Required for all applications.

House No(s) 501

Street Name EAST 74TH STREET

Borough Manhattan

Block 1486

Lot 1

BIN

CB No.

2 Revisions to Plans/Drawings Required whenever updating plans. All revisions for each page must be clearly described in section 3.

Submission is part of a Post Approval Amendment (PAA)?

☐ Yes PW1 required

☒ No

Indicate all actions for this submission:

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID
S	P-211.00	P-211.01	S	P-220.00	P-220.01	S	P-221.00	P-221.01	S	P-230.00	P-230.01
S	P-300.00	P-300.01	S	P-400.00	P-400.01	N	P-401.00		S	P-402.00	P-402.01
S	M-100.00	M-100.01	S	M-101.00	M-101.01	S	M-102.00	M-102.01	S	M-109.00	M-109.01
S	M-110.00	M-110.01	N	M-221.00		N	M-222.00				

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

Is this section continued on additional AI1 forms?

☐ Yes

☒ No

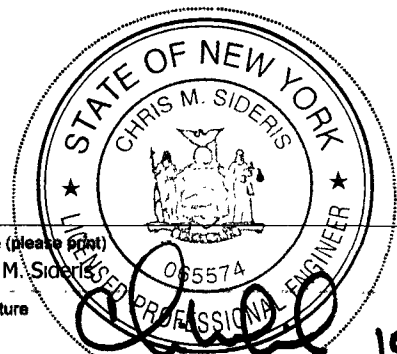
3 Additional Information Required for all applications.

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.

Name (Please Print)

Chris M. Sideris

Signature



Date

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

Page number _____ of _____

BIS Document No. 8 _____

1 Location and Job Information Required for all applications.

House No(s) 501

Street Name EAST 74TH STREET

Borough Manhattan

Block 1486

Lot 1

BIN

CB No.

2 Revisions to Plans/Drawings Required whenever updating plans. All revisions for each page must be clearly described in section 3.

Submission is part of a Post Approval Amendment (PAA)?

☐ Yes PW1 required

☒ No

Indicate all actions for this submission:

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID
N	M-402.00		N	M-403.00		S	P-100.00	P-100.01	S	P-101.00	P-101.01
S	P-102.00	P-102.01	S	P-103.00	P-103.01	S	P-104.00	P-104.01	S	P-105.00	P-105.01
S	P-106.00	P-106.01	S	P-107.00	P-107.01	S	P-108.00	P-108.01	S	P-109.00	P-109.01
S	P-110.00	P-110.01	S	P-200.00	P-200.01	S	P-201.00	P-201.01	S	P-210.00	P-210.01

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

Is this section continued on additional A11 forms?

☐ Yes

☒ No

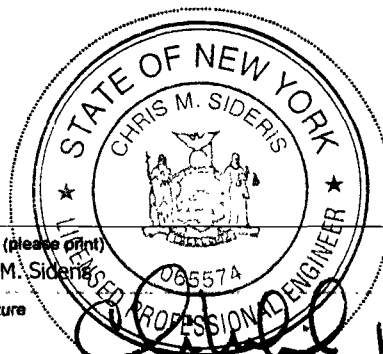
3 Additional Information Required for all applications.

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.

Name (please print)

Chris M. Sideris

Signature



Date

10/29/13

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



PW-7: Certificate of Occupancy /
Letter of Completion Folder
Review Request
Must be typewritten.

121809409

Affix BIS job number label here

1 Location Information

House No(s) 155 Street Name EAST 73 STREET Work Proposed on Floor No(s) FAC,ROF
Borough MANHATTAN Block 1408 Lot 22 BIN 1043038 CB No. 108

2 Requestor Information

Individuals Relationship to Job (example: applicant, owner, filing representative)

Last Name Notaro

First Name Michael

Middle Initial

Business Name Zaskorski & Notaro Architects, AIA, LLP

Business Telephone 2122397212

Business Address 575 Eighth Avenue - 22nd Floor

Business Fax 2122681987

City New York

State NY

Zip 10018

Mobile Telephone

E-Mail

License Number 23968

3 Type of Request *Choose one.*

- ☒ Letter of Completion (Directive 14 or Non-Directive 14)
☐ TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
☐ Renewal of TCO - Temporary Certificate of Occupancy (Borough Commissioner's Office approval may be required. All requirements must be fulfilled before a TCO will be issued)
☐ Final Certificate of Occupancy

4 Comments *If additional space is required, write "see AI-1" here and submit a completed AI-1 form with this request.*

5 Statements and Signatures

By signing below, I understand that all the information provided is true to the best of my knowledge and that falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code 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.

Requestor Signature

Date

12-2-14

Borough Commissioner's Office TCO Authorization *Do not write in this section.*

Comments:

Authorized Name (please print)

☐ Approved

☐ Disapproved

Authorized Signature (if approved only)

Date

Disapproval Reasons *Review request cannot be processed for the following reasons:*

- ☐ Fees unpaid ☐ Open ECB/DOB Violation(s) ☐ Incomplete PAA ☐ Audit Conditions Pending / Job on Hold
☐ Missing Inspection Sign-off(s): ☐ Construction ☐ Plumbing ☐ Electrical ☐ Other: _____
☐ Missing Required Item(s): _____ ☐ TR-1 Error(s): _____
☐ Form(s) missing/incomplete: Form(s) _____ Section(s)/Reason(s) _____
☐ Other: _____

AI1: Additional Information
Must be typewritten.
122055391

 Page number 2 of 2

 BIS Document No. 02
1 Location and Job Information *Required for all applications*

 House No(s) 205

 Street Name East 42nd Street

 Borough Manhattan

 Block 1316

 Lot 07501

 BIN 1037550

 CB No 106
2 Revisions to Plans/Drawings *Required whenever updating plans. All revisions for each page must be clearly described in section 3*

Submission is part of a Post Approval Amendment (PAA)?

☒ Yes *PW1 required*
☐ No

Indicate all actions for this submission

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID
N	P-002.00		S	P-204.00	P-204.01	S	P-401.00	P-401.01	N	P-601.00	
S	P-201.00	P-201.01	O	P-301.00		N	P-402.00				
S	P-202.00	P-202.01	S	P-302.00	P-302.01	S	P-501.00	P-501.01			
S	P-203.00	P-203.01	S	P-303.00	P-303.01	N	P-502.00				

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page

 Is this section continued on additional AI1 forms? Yes ☒ No

3 Additional Information *Required for all applications*

- Revised layout of ductwork in specified areas, where ductwork is to run exposed, beneath the hung ceilings. Ductwork was shortened in these areas and grilles were provided.
- Kitchen Exhaust system was revised to eliminate one (1) KE fan & add one (1) new Electrostatic Precipitator.
- Added supply air connections to relocated toilet duct stub-outs & make-up air ducts.
- Revised associated details & schedules per the above changes for re-filing with DOB.
- Plumbing gas sizes were clarified based on further information from the Kitchen consultant.
- Plumbing details and risers were added for clarification.
- A Gas booster pump was added based on information received back from Con Edison and the Kitchen consultant.
- Ground floor plans were removed from filing set, to be filed under separate application.

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.

 Name
 Robert

Signature



19 Nov. 14

Date

SIGN, SEAL & DATE

(The R.A. Seal, application, form, and date over seal)



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS PROJECT COMPLETION FORM- ACP21

TRU1620MN14

Premise Address 274 West 12th Street

Borough Manhattan Zip 10014

DEP Asbestos Control Program is in receipt of the following document (s)

- ☒ Project Monitor's Report
☐ A-TR1 form filed by Registered Design Professional

121994547

Based on the above submitted documentation the Department is issuing the

- ☒ Project Completion Form (entire project)
☐ Project Completion Form (partial project)

(See next page for the list of closed-out location(s) of abatement)

DEP hereby acknowledges that it has received the above documentation required pursuant to section 1-22(b) of the DEP Asbestos Rules (15 RCNY Chapter 1) for the completion of this project. Please note that the issuance of this Form is not a certification that the asbestos project was performed in accordance with the DEP Asbestos Rules or that the building is free of asbestos containing material. This Form is issued based on representations contained in documentation submitted by the applicant, or other relevant party.

Date: September 11, 2014

Signature

9/12/2014 2:23:39 PM

Page 1 of 2 ACP21 - 3/2011



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373

ASBESTOS PROJECT COMPLETION FORM- ACP21

TRU1620MN14

Premise Address 274 West 12th Street Borough Manhattan Zip 10014

CLOSED-OUT LOCATION(S) OF ABATEMENT

Floor	Section of Floor	Type of Asbestos Containing Material	Amount of ACM		DOB Job Number(s) (if applicable)
			Square Feet	Linear Feet	
4	hallway in apt #4	vat	120		
		TOTAL ACM	120		



PW1: Plan / Work Application

Must be typewritten.

122220890.
☒ Orient and affix BIS
job number label here ☒

1 Location Information Required for all applications.

House No(s) 1586 Street Name 2ND AVENUE

Borough MANHATTAN

Block 01545

Lot 00002

BIN 1049873

C.B. No. 108

Work on Floor(s) 001

Apt. / Condo No(s)

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

Last Name TUNG

First Name THOMAS

Middle Initial C

Business Name TRI STATE ARCHITECTURE & DESIGN.

Business Telephone (718) 939-2571

Business Address 33-70 PRINCE STREET, SUITE 107

Business Fax (718) 799-1484

City FLUSHING

State NY

Zip 11354

Mobile Telephone

E-Mail TRISPH@GMAIL.COM

License Number 049458

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 YOU/FENG

First Name FENGJING/QUAN

Middle Initial

Business Name TRI STATE CONSULTING INC

Business Telephone (718) 790-8666

Business Address 33-70 PRINCE STREET, SUITE 107

Business Fax (718) 799-1484

City FLUSHING

State NY

Zip 11354

Mobile Telephone

E-Mail TRISPH@GMAIL.COM

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 AI1

☐ 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:

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00001153163-000046

User Ref ID: D004614-F

06/14

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

Additional information

8A WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$ 5000
FP	5000					<input checked="" 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 Name of cluster or development below:
						Additional Construction Floor Area:	Project lead job no.
8G Total Construction Floor Area:				sq. ft.		sq. ft.	

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>		
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"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" or RD Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	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"/> Filing to Address Violation(s) <i>If yes, 9H</i>	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued		
<input type="checkbox"/> <input checked="" type="checkbox"/> Full 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	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<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		
9I <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [SECC 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
- For 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

INSTALLATION OF KITCHEN EXHAUST HOOD FIRE SUPPRESSION SYSTEM IN CONJUNCTION OF MAIN JOB APPLICATION (JOB#:122172950). NO CHANGE TO EXISTING USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

122172950

11B Primary application job no.

DOB Reference Number: T00001153163-000046

User Ref ID: D004614-F

06/14

12 Zoning Characteristics12A District(s) **C1 - 9**

Overlay(s)

Special Dist.(s) **TA**Map Number **9A**

12B Street legal width _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

Proposed Use*	Zoning	Floor Area	District	FAR
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
Proposed Totals		sq. ft.		
Existing Total		sq. ft.		

Proposed Lot Details:Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.

☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B

	Existing	Proposed
Structural Occupancy Category		
Seismic Design Category		
Occupancy Classification*	C	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification		

13D Building Type: ☐ 1, 2, or 3 Family ☒ OtherMixed use building?† ☒ Yes ☐ No

	Existing	Proposed
Building Height	40 ft.	
Building Stories	4	
Dwelling Units	7	

13F

Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968The 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**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
	sq. ft.	sq. ft.		sq. ft.	sq. ft.
Plaza Area			Arcade Area		
Parking Area			Parking Spaces		
Loading Berths			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 checked="" type="checkbox"/> <input 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).

- 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?
<input type="checkbox"/> <input type="checkbox"/> Inside building line? If no, sign projects by: ft. in.			23C Sign wording. If extensive, provide only key wording.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E			23D Distance from Arterial Highway ft.
▶ 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			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.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NONCOMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS

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

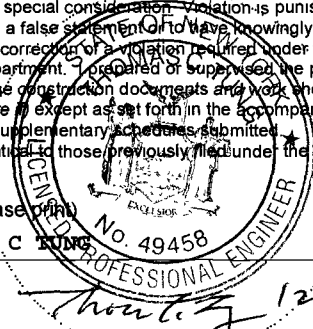
- ☐ ☐ **For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only:** does this building qualify for high-rise designation?
- ☒ ☐ **Directive 14 initial applications only:** I certify that the construction documents submitted and all construction documents related 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)

THOMAS C. TUNG

Signature

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



Date

12/9/14

DOB Reference Number: T00001153163-000046

User Ref ID: D004614-F

06/14

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 and any future amendments. I will not knowingly authorize any work that does not comply 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): **WATT TE**

Relationship to Owner: **LEASE**

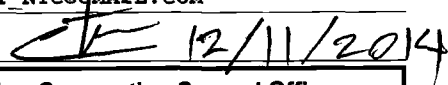
Business Name/Agency: **N/A**

Street Address: **44-16 MACNISH STREET, APT#3B**

City: **ELMHURST** State: **NY** Zip: **11373**

Telephone Number: **(347) 334-8482** Fax:

E-Mail Address: **WATT_NYC@GMAIL.COM**

Signature and Date  **12/11/2014**

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: