



CCD1: Construction Code Determination Form

Must be typewritten.

DEPT BLDGS Job No. 121187143
Scan Code ESHS0318556

Do not use this form for Zoning Resolution determination requests - use ZRD1 form

1 Location Information Required for all requests on filed applications.

House No(s) 400

Street Name West 33rd Street

Borough Manhattan

Block 729

Lot 60

BIN 1089972

CB No. 104

2 Applicant Information Required for all requests on filed applications.

Last Name GOTTESDIENER

First Name TED

Middle Initial

Business Name SKIDMORE OWINGS & MERRILL LLP

Business Telephone (212) 289-9300

Business Address 14 WALL STREET

Business Fax

City NEW YORK

State NY

Zip 10005

Mobile Telephone

E-Mail john.hollenberg@som.com

License Number 015649

License Type

☐ P.E.

☒ R.A.

☐ R.L.A.

☐ Elevator (Co) Director

DOB PENS ID # (if available)

3 Attendee Information Required if different from Applicant in Section 2 or no Applicant.

Relationship to the property: ☐ Attorney ☒ Filing Representative (Class 2) ☐ Other

Last Name Tsipenyuk

First Name Roman

Middle Initial

Business Name William Vitacco Associates

Business Telephone (212) 791-4578

Business Address 299 Broadway, 5th Floor

Business Fax

City New York

State NY

Zip 10007

Mobile Telephone

E-Mail rtsipenyuk@vitacco.com

License/Registration # (if P.E./R.A./R.L.A./Attorney/Lic.(Co)Director)

4 Nature of Request Required for all requests. Only one request may be submitted per form.

Determination request is for: ☒ Determination ☐ Predetermination

Determination request issued to: ☒ Borough Commissioner's Office (Initial) ☐ Technical Affairs (Appeal) ☐ Elevators

Job associated with this request? ☒ Yes (provide job # / doc # / obj # / examiner name below) ☐ No

Job #: 121187143

Document # 01

Objection #:

Examiner: DAMIAN TITUS

Has this request or a similar one been previously denied? ☐ Yes (attach all denied request form(s) and attachment(s)) ☒ No

Enter short description of Technical Topic (5 words or less): 1st Floor Elevator Lobby Sign Requirement

Construction Code (if applicable): ☐ 2014 Code ☒ 2008 Code ☐ 1968 Code ☐ Prior to 1968 Code

Enter All Control #(s) for related CCD1/ZRD1 requests:

Request for 1-3 family dwelling? ☐ Yes ☒ No For HPD Affordable Housing? ☐ Yes ☒ No Fee Exempt per 28-112.1? ☐ Yes ☒ No

Zoning District(s): C6-4 - GENERAL CENTRAL COMMERCIAL DISTRICT

MDL:

Zoning Overlay(s):

BBs

Special District(s): HY - HUDSON YARDS

Other:

ZR Section:

Code Section: BC 3002.3

Rule #:

TPPN, Memo:

Indicate all Buildings Department
officials that you have previously
reviewed this issue with (if any):

☐ Borough Commissioner

☐ Code & Zoning Specialist

☐ General Counsel's Office

☐ Deputy Borough Commissioner

☐ Chief Plan Examiner

☐ Elevators

☐ Other

ADMINISTRATIVE USE ONLY

Control #:

Appointment date:

Appointment Scheduled With:

Comments:

Review Team Members:

Reviewed By:

Date

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5	Description of Request (utilize page 3/Section 7 if additional space is needed to properly describe this request)
<p>This is a request for:</p> <p><input checked="" type="checkbox"/> Interpretation or clarification</p> <p><input type="checkbox"/> Variation of Building Code or Rules per § 28-103.3 (please state in detail the practical difficulty that is specific to this project, and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><input type="checkbox"/> Variation of Multiple Dwelling Law (MDL) § 277.16 for Article 7B Buildings (please state in detail the practical difficulty that is specific to this project and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><i>NOTE: Variations of any other MDL provisions must be filed with the Board of Standards and Appeals (BSA) per MDL § 310.</i></p>	

Please itemize all attachments, including plans/sketches, submitted with this form. (*attachment may not be larger than 11" x 17"*)
 If request is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the Objection sheet and include a copy of the Objection sheet in the submitted Pdf.

Requesting determination to confirm that "IN CASE OF EMERGENCY...USE EXIT STAIR" signs are not required at 1st floor elevator lobby.



The proposed office building (B occupancy) is 69 stories and 998 feet tall. The building is part of the Manhattan West development in the Hudson Yards special district.

Per BC 3002.3: An approved pictorial sign of a standardized design shall be posted adjacent to each elevator call station on all floors instructing occupants to use the exit stairways and not to use the elevators in case of fire. The sign shall read: IN FIRE EMERGENCY, DO NOT USE ELEVATOR. USE EXIT STAIRS. The emergency sign shall not be required for elevators that are part of an accessible means of egress complying with 1007.4.

It is proposed to provide the required signage on all floors above and below the ground floor. At the first floor, the sign would not serve the intended purpose, occupants are at the level of exit discharge and do not need to use stairs at the ground floor level to exit the building. The building facade is all glass and exit doors are clearly marked. The path to the exterior is therefore clearly visible from any point at the ground floor. Furthermore, the building is designed with an elevator recall. In the event of fire alarm activation, all elevators would return to the 1st floor and would not be operable without a firemen's key.

Based on the above, requesting confirmation that emergency elevator signage is not required at the 1st floor.

NOTE: Department of Buildings Determination will be issued on the CCD1 Response Form


6	Statements and Signature Required for all requests (If Attorney, include 'Esquire' or 'Esq.' in signature)					
<p>I hereby state that all of the above information is correct and complete to the best of my knowledge. 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.</p>		<p>Name (please print)</p> <p>TED GOTTESDIENER</p>				
		<p>Signature  Date</p> <p style="text-align: right;">06/05/2018</p>				
		<p style="text-align: center;">  </p> <p>P.E. / R.A. Seal (not required for Attorneys or unlicensed applications)</p>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%; background-color: #f0f0f0;">ADMINISTRATIVE USE ONLY</td> <td>Control #:</td> </tr> <tr> <td>Reviewed By:</td> <td>Date:</td> </tr> </table>			ADMINISTRATIVE USE ONLY	Control #:	Reviewed By:	Date:
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7	Description of Request (use this section if additional space is required for description)
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