



PW1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.

House No(s) 530	Street Name WEST 33RD STREET			
Borough Manhattan	Block 702	Lot 110	BIN 1088961	C.B. No. 104
Work on Floor(s) CEL1			Apt. / Condo No(s)	

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

Last Name GREENE	First Name MICHAEL	Middle Initial
Business Name KOHN PEDERSEN FOX ASSOCIATES PC		Business Telephone (212) 977-6500
Business Address 11 WEST 42ND STREET		Business Fax (212) 956-2526
City NEW YORK	State NY	Zip 10036
E-Mail MGREENE@KPF.COM		Mobile Telephone () -
License Number 027052		
Choose one: <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other, please specify:		

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

Last Name JACKIER/SEEMANGAL/AGELOPOULOS	First Name PHILLIP/MADAN/JOHN	Middle Initial
Business Name GILLMAN CONSULTING INC		Business Telephone (212) 349-9304
Business Address 40 WORTH ST SUITE 600		Business Fax (212) 349-9346
City NEW YORK	State NY	Zip 10013
E-Mail PHILLIP@JEROMESGILLMAN.COM		Mobile Telephone () -
Registration Number		

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

<input type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose <input checked="" type="checkbox"/> Standard Plan Examination or Review one: <input type="checkbox"/> Professional Certification PC1, POC1 <input type="checkbox"/> Self Certification of Objections A11	<input type="checkbox"/> Prior to Approval Actions 25-26 <input checked="" type="checkbox"/> Amend Existing Filing 4A <input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11 <input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25 Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New (Superseding) Applicant 4A, 25-26	<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing: 01
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5 Job/Project Types Choose one and provide specified associated information.

<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1-A, PD1, select all that apply: <input type="checkbox"/> Change in Exits <input type="checkbox"/> Change in Number of Stories <input type="checkbox"/> Change in Number of Dwelling Units <input type="checkbox"/> Change in Occupancy / Use <input type="checkbox"/> Change inconsistent with current Cert. of Occup.	<input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1-A, PD1 <input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22 <input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 <input checked="" type="checkbox"/> New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1-A, PD1	<input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22 <input type="checkbox"/> Sign 5A, 6B-D, 9B, 22-23 <input type="checkbox"/> Subdivision 9B, 12A-B <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17 5A Directive 14 acceptance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.

6A <input type="checkbox"/> BL - Boiler PW1-C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1-C	<input type="checkbox"/> FS - Fuel Storage PW1-C <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> MH - Mechanical	<input type="checkbox"/> PL - Plumbing PW1-B <input type="checkbox"/> SD - Standpipe PW-1B <input type="checkbox"/> SP - Sprinkler PW-1B	6E <input type="checkbox"/> CC - Curb Cut 16 6F <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input type="checkbox"/> OT/GC - General Construction	6D <input checked="" type="checkbox"/> OT - Other, describe: Architectural	

7 Plans/Construction Documents Submitted <i>Plans are required for most applications.</i>									
<input checked="" type="checkbox"/> AR - Architectural <input type="checkbox"/> BP - BPP Checklist <input type="checkbox"/> DM - Demolition (Full/Partial) <input type="checkbox"/> EN - Energy Analysis <input type="checkbox"/> FO - Foundation or <input type="checkbox"/> NP - No Plans <input type="checkbox"/> ME - Mechanical <input type="checkbox"/> OT - Other <input type="checkbox"/> PL - Plumbing <input type="checkbox"/> ST - Structural <input type="checkbox"/> ZO - Zoning									
8 Additional Information									
8A WT Cost WT Cost WT Cost			8B Is a building enlargement proposed? <input type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area:			8C Estimated Job Cost \$ 8D Street Frontage: _____ linear ft. 8E Height: _____ ft. Width: _____ ft. 8F Name of cluster or development below: _____ Project lead job no.			
8G Total Construction Floor Area: _____ sq. ft.			_____ sq. ft.						
9 Additional Considerations, Limitations or Restrictions									
Yes No 9A <input checked="" type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>					Yes No 9F Structural Peer Reviewer License No. 000411 P.E.				
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"/> Other, specify: _____ <input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued					<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark <input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site <input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street <input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i>				
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling <input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>					<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing <input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project				
9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems					9I BSA Calendar No(s) _____				
9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> <input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work					9J CPC Calendar No(s) _____				
9L <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]					9K High-Rise Team Tracking Number: _____				
9M CRFN(s) Restrictive Declaration / Easement (max. 4): _____									
9N CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____									
10 NYCECC Compliance <i>New York City Energy Conservation Code</i>									
<input type="checkbox"/> To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC* <input type="checkbox"/> Energy analysis is on another job number: _____ Yes No <input type="checkbox"/> <input type="checkbox"/> This application is, or is part of, a project that utilizes trade-offs among different major systems <input type="checkbox"/> <input type="checkbox"/> This application utilizes trade-offs within a single major system									
<input type="checkbox"/> To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: <i>Choose one</i> <input type="checkbox"/> The work is an alteration of a State or National historic building. <input type="checkbox"/> The scope of work is entirely in a "low-energy building" and is limited to the building envelope. <input type="checkbox"/> The scope of work does not affect the energy use of the building. <input type="checkbox"/> This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.									
<small>* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.</small>									
11 Job Description					11A Related DOB Job Numbers				

					11B Primary application job no.				

12 Zoning Characteristics			
12A District(s) C6-4		12B Street legal width: 100 ft.	
Overlay(s)		Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Special Dist.(s) HUDSON YAR		If the zoning lot includes multiple tax lots, list all tax lots here ►	
Map Number 8B / 8D			
12C 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:		Proposed Yard Details:	
Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through		Check here if no yards: <input type="checkbox"/> or	
Lot Coverage %		Front Yard ft.	
Lot Area sq. ft.		Rear Yard ft.	
Lot Width ft.		Rear Yard Equivalent ft.	
Proposed Other Details:		Side Yard 1 ft.	
Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Side Yard 2 ft.	
If yes, no. of parking spaces:			
Perimeter Wall Height ft.			

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

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. *Residential w/other use.			
13A Primary structural system, choose one: <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)			
13B	Existing	Proposed	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other
Structural Occupancy Category		3	Mixed use building? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seismic Design Category		B	
13C Occupancy Classification*	<input type="checkbox"/> Yes <input type="checkbox"/> No	M	<input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No
Construction Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No	1-A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Dwelling Classification			
13F	Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968		
	The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968		

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

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

17 Tax Lot Characteristics	18 Fire Protection Equipment																														
Original tax lots being merged or reapportioned (if applicable): _____ Tentative tax lot numbers (new tax lots only): _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th colspan="2">Existing</th> <th colspan="2">Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Existing		Proposed			Yes	No	Yes	No	Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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19 Open Spaces	20 Site Characteristics																																								
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	Existing	Proposed		Existing	Proposed																																				
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21	Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).
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Yes No

- 21A ☐ ☐ Demol. filling 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: \$
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 23A.	Total Square Feet: _____
<input type="checkbox"/> Non-Advertising	<input type="checkbox"/> Non-Illuminated	Height above Curb: _____ ft. _____ in.
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall		Height above Roof: _____ ft. _____ in.

Yes No

- ☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. _____ in.
- ☐ ☐ Designed for changeable copy? If no, 23C
- ☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G
- ☒ ☐ Within 900' and within view of an arterial highway? If yes, 23D
- ☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E

► If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F.

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

- ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? *If no, specify in 26B*

23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: _____ ft.

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

23F OAC Sign Number:

23G OAC Registration Number:

24	Comments. Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.
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PLATFORM ABOVE LONG ISLAND RAIL ROAD YARDS

Change section 9A from "No" to "Yes"

25	Applicant's Statements and Signatures <i>Required for all applications.</i>
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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 correctness of a statement prepared 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 schedule submitted.)

Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those submitted under 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)

~~MI CHAEL~~

GREENE

Signature _____

Date _____

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

26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

☐ ☒ **Fee Deferred Request Statement**

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

☐ ☒ **Fee Exemption Request Statement**

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

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

The site of the building to be 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): RONALD WACKROW

Relationship to Owner: EXECUTIVE V.P

Business Name/Agency: ERY TENANT LLC C/O THE RELATED

Street Address: 60 COLUMBUS CIRCLE, 19TH FLOOR

City: NEW YORK State: NY Zip: 10023

Telephone Number: (212) 801-3476 Fax: () -

E-Mail Address: RWACKROW@RELATED.COM

Signature and Date ►

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

Name (please print): BRUCE WARWICK

Title: SENIOR VP

Street Address: 60 COLUMBUS CIRCLE

City: NEW YORK State: NY Zip: 10023

Telephone Number: (212) 421-5333 Fax: (212) 801-1066

E-Mail Address: BWARWICK@RELATED.COM

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: