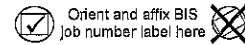




PW1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.

House No(s) 501	Street Name WEST 30TH STREET			
Borough MANHATTAN	Block 00702	Lot 00050	BIN 1012456	C.B. No. 104
Work on Floor(s)			Apt. / Condo No(s)	

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

Last Name BRAZIL	First Name AINE	Middle Initial
Business Name THORNTON TOMASETTI-NY		Business Telephone (212) 741-1300
Business Address 51 MADISON AVENUE		Business Fax (212) 645-9236
City NEW YORK	State NY	Zip 10010
E-Mail ABRAZIL@THORNTONTOMASETTI.COM		License Number 062542
Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other, please specify:		

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

Last Name JACKIER/MCPHERSON	First Name PHILLIP/YVETTE	Middle Initial
Business Name JEROME S GILLMAN CONSULTING		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		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 type="checkbox"/> Standard Plan Examination or Review one: <input type="checkbox"/> Professional Certification PC1, POC1 <input type="checkbox"/> Professional Cert. of Objections A11	<input checked="" type="checkbox"/> Prior to Approval Actions 25-26 <input type="checkbox"/> Amend Existing Filing 4A <input checked="" 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:
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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, PW1A, 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, 22, PW1A, 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, PW1A, 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
---	--	--

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

6A <input type="checkbox"/> BL - Boiler PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C 6B <input type="checkbox"/> EQ - Construction Equipment 15	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> MH - Mechanical 6C <input type="checkbox"/> OT/GC - General Construction	<input type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B 6D <input checked="" type="checkbox"/> OT - Other, describe: STRUCTURAL	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
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7 Plans/Construction Documents Submitted *Plans are required for most applications.*

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

8 Additional Information

8A WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$
						<input 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.							

9 Additional Considerations, Limitations or Restrictions

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

10 NYCECC Compliance *New York City Energy Conservation Code*

- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
- ☐ Energy analysis is on another job number: _____
- Yes No
- ☐ ☐ This application is, or is part of, a project that utilizes trade-offs among different major systems
☐ ☐ This application utilizes trade-offs within a single major system
- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*
- ☐ The work is an alteration of a State or National historic building.
☐ The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
☐ The scope of work does not affect the energy use of the building.
☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

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

11 Job Description

STRUCTURAL WORK ASSOCIATED WITH NEW BUILDING AS SHOWN ON DRAWINGS FILED HERewith.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000656646-000014

User Ref ID: 25821ST

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

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

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.									
13A Primary structural system, choose one : <input type="checkbox"/> Masonry <input type="checkbox"/> Concrete (CIP) <input type="checkbox"/> Concrete (Precast) <input type="checkbox"/> Wood <input type="checkbox"/> Steel (Structural) <input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)									
13B		Existing	Proposed		13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other				
Structural Occupancy Category					Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No				
Seismic Design Category			2008 Code Designations?		13E				
					Existing				
13C Occupancy Classification*			<input type="checkbox"/> Yes <input type="checkbox"/> No		Building Height _____ ft.				
Construction Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No		Building Stories _____				
Multiple Dwelling Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No		Dwelling Units _____				
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 Construction Material: _____ <input type="checkbox"/> Fence Size: _____ linear ft. BSA/MEA Approval No. _____ <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____					Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. to street: _____				

17 Tax Lot Characteristics										18 Fire Protection Equipment			
Original tax lots being merged or reapportioned (if applicable):										Existing Proposed			
										Yes No Yes No			
Tentative tax lot numbers (new tax lots only):										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						20 Site Characteristics					
Existing		Proposed		Existing		Proposed		Yes No		Yes No	
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.			<input type="checkbox"/> <input type="checkbox"/> Tidal / Fresh Water Wellands			
Parking Area	sq. ft.	sq. ft.	Parking Spaces					<input type="checkbox"/> <input type="checkbox"/> Urban Renewal			
Loading Berths	sq. ft.	sq. ft.	Loading Berths					<input type="checkbox"/> <input type="checkbox"/> Fire District			
								<input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area			

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

Yes No

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

Purpose:

☐ Advertising☐ Non-Advertising

Type:

☐ Illuminated 23A☐ Non-Illuminated

Estimated Cost: \$

Total Square Feet:

Height above Curb: ft. in.

Height above Roof: ft. in.

Location: ☐ Ground ☐ Roof 23B ☐ Wall

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 26B23B ☐ ☐ Is roof sign tight, closed or solid?

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

23D Distance from Arterial Highway: ft.

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

23F OAC Sign Number:

23G OAC Registration Number:

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

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correctness 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 of Buildings, prepared or supervised by 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)

AINE BRAZIL

Signature

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

Date

9/21/12

DOB Reference Number: T00000656646-000014

User Ref ID: 25821ST

01/11

26 Property Owner's Statements and Signatures

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

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

Yes No

- ☐ ☐ **Fee Deferred Request Statement**
I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or job sign off.
- ☐ ☐ **Fee Exemption Request Statement**
In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
- ☐ ☐ **Owner's Certifications Regarding Occupied Housing**
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.
- ☐ ☐ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. *If yes, select one of the following:*
- ☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
- ☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
- Provide date DHCR notified:**
- ☐ ☐ **Owner's Certification for Adult Establishments**
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.
- ☐ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

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

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

Name (please print): RONALD WACKROW

Relationship to Owner: EXECUTIVE V.P


Business Name/Agency: ERY TENANT LLC 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: RONALD.WACKROW@RELATED.COM

Signature and Date 

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

Name (please print): BRUCE L 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:

Signature and Date* 

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

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: T00000656646

User Ref ID: 25821ST

01/11