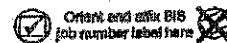




PW1: Plan / Work Application
Must be typewritten.



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 DIGIACOMO		First Name AUGUSTINE	
Business Name JAROS, BAUM & BOLLES		Business Telephone (212) 530-9300	
Business Address 80 PINE STREET		Business Fax (212) 269-5894	
City NEW YORK	State NY	Zip 10005	Mobile Telephone
E-Mail DIGIACOMO@JBB.COM		License Number 052475	
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	
Business Name JEROME S GILLMAN CONSULTING		Business Telephone (212) 349-9304	
Business Address 40 NORTH ST, SUITE 600		Business Fax (212) 349-9346	
City NEW YORK	State NY	Zip 10013	Mobile Telephone
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:			

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 checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B 6D <input type="checkbox"/> OT - Other, describe:	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

DOB Reference Number: T00000656601-000019
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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 Designation?	2008 Code Designation?	13E	Existing	Proposed
13C Occupancy Classification*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building Height	_____ ft.	_____ ft.
Construction Classification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building Stories	_____	_____
Multiple Dwelling Classification			Dwelling Units	_____	_____
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1988 <input type="checkbox"/> Prior to 1988					
The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1988 <input type="checkbox"/> Prior to 1988					

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: _____	Size of cut (with splays): _____ ft.	
<input type="checkbox"/> Fence Size: _____ linear ft.	BSA/MEA Approval No. _____	Distance to nearest corner: _____ ft.	
<input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____		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	
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.	<input type="checkbox"/> Tidal / Fresh Water Wetlands	
Parking Area	sq. ft.	sq. ft.	Parking Spaces			<input type="checkbox"/> Urban Renewal	
Loading Berths	sq. ft.	sq. ft.	Loading Berths			<input type="checkbox"/> Fire District	
						<input type="checkbox"/> Flood Hazard Area	

21	Demolition Details *Mechanical equipment other than handhoid devices to be used for demolition or removal of debris (BC §3306.4).
Yes No	
21A	<input type="checkbox"/> <input type="checkbox"/> Demo. filling is for a secondary structure? If yes, specify structure being demolished: <input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? If yes, mechanical means will demolish: <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure <input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? If yes, describe equipment proposed:
21B	<input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope

22	Asbestos Abatement Compliance Choose one.
<input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP). <input type="checkbox"/> The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP. <input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (16 RCNY 1-23(b)).	

23	Sign
Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated Estimated Cost: \$ Total Square Feet: Height above Curb: ft. in. Height above Roof: ft. in. Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall Yes No <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by: ft. in. <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 → 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: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect Yes No <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? If no, specify in 23B 23B <input type="checkbox"/> <input type="checkbox"/> 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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It is our understanding that the cost estimate was prepared by the Owner's Cost Consultant, based upon the documents prepared by the applicant. The applicant has neither reviewed nor approved the cost estimate.

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. Falsification 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, knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correctness of any statement 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 understand that the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and specifications thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. <input type="checkbox"/> (-check here if applicant signs for the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and accompanying documents.) Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those of the group lead job number, except as specified herein.	
Yes No <input type="checkbox"/> <input type="checkbox"/> For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation? <input type="checkbox"/> <input type="checkbox"/> 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, exit, or occupancy.	Name (please print) Signature Date P.E. I.A.A. Seal (apply seal, then sign and date over seal)

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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 each 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 28 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/application 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, exit, 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: RY 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: RONALD.WACKROW@RELATED.COM

Signature and Date 

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

Name (please print): BRUCE L. WARRICK

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 <input type="checkbox"/> Date <input type="checkbox"/>
Initial Amount Paid: \$	
Balance Due: \$	
Stamps, Certifications and Notes:	

DOB Reference Number: T00000656601

User Ref ID: 25821PL