



PW1: Plan / Work Application

Must be typewritten.

☒ Orient and affix BIS job number label here ☒



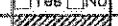
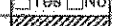
1 Location Information Required for all applications.			
House No(s) 501		Street Name WEST 30TH STREET	
Borough MANHATTAN	Block 00702	Lot 00050	BIN 1012456
Work on Floor(s)		Apt. / Condo No(s)	
2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.			
Last Name GALLAGHER		First Name MARC	
Business Name LANGAN ENGINEERING & ENVIRONMENT		Business Telephone (212) 479-5400	
Business Address 21 FENN PLAZA		Business Fax (212) 479-5444	
City NEW YORK	State NY	Zip 10001	Mobile Telephone
E-Mail MGALLAGHER@LANGAN.COM		License Number 081664	
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"/> FS - Fuel Storage PW1C <input type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> 6E <input type="checkbox"/> CC - Curb Cut 16 <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> 6F <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> FB - Fuel Burning PW1C <input type="checkbox"/> MH - Mechanical <input type="checkbox"/> SP - Sprinkler PW1B <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D 6B <input type="checkbox"/> EQ - Construction Equipment 15 <input type="checkbox"/> 6C <input type="checkbox"/> OT/GC - General Construction <input type="checkbox"/> 6D <input checked="" type="checkbox"/> OT - Other, describe: SUPPORT OF EXCA <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B			

DOB Reference Number: T00000656583-000016

User Ref ID: 2582190E

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 §26-101.5. **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"/> Steel (Encased in Concrete)	
			<input type="checkbox"/> Wood		<input type="checkbox"/> Steel (Structural)		<input type="checkbox"/> Steel (Cold-Formed)			
13B		Existing		Proposed		13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No				
Structural Occupancy Category				2008 Code Designations? <input type="checkbox"/> Yes <input type="checkbox"/> No				2008 Code Designations? <input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No		
Seismic Design Category										
13C		Occupancy Classification*		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No		13E		
		Construction Classification		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		Existing		
		Multiple Dwelling Classification						Proposed		
								Building Height		
								ft.		
								Building Stories		
								ft.		
								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.

☐ Not Applicable ☐ On-Site ☐ Off-Site ☐ Under 300 cubic yards

15	Construction Equipment		
	<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: _____	

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
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20	Site Characteristics
Yes	No
<input type="checkbox"/>	<input type="checkbox"/> Tidal / Fresh Water Wetlands
<input type="checkbox"/>	<input type="checkbox"/> Urban Renewal
<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. 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: ☐ 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 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.**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 included 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 and agree 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; ☐ (I check here if) except as set forth in the act of amending documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplement any 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)

MARC J. GARDNER

Signature

Date

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

DOB Reference Number: T00000656583-000016

User Ref ID: 2582180E

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 C/O THE RELATED**

Street Address: **60 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: **T00000656583**

User Ref ID: **2582180E**

01/11