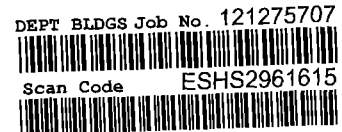




PW1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.			
House No(s) 2461		Street Name BROADWAY	
Borough MANHATTAN	Block 01239	Lot 0010	BIN 1033583
C.B. No. 107			
Work on Floor(s) CEL,ROF,01 thru 19*		Apt. / Condo No(s)	

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.			
Last Name WONG*		First Name WAILOON*	
Middle Initial			
Business Name VENTROP ENGINEERING CONSULTING GROUP, PLLC*		Business Telephone (212) 244-5060*	
Business Address 369 WEST 34TH STREET 2ND FLOOR*		Business Fax (212) 244-4271*	
City NEW YORK	State NY	Zip 10001*	Mobile Telephone
E-Mail WAILOONWONG@VENTROP.COM*		License Number 085187*	
Choose one: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> R.L.A. <input type="checkbox"/> Other:			

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.			
Last Name BE/BO/TO/DA		First Name IV/SA/IB/AN	
Middle Initial			
Business Name JM ZONING		Business Telephone (212) 964-4464	
Business Address 299 BROADWAY, SUITE 1100		Business Fax (775) 628-3726	
City NEW YORK	State NY	Zip 10007	Mobile Telephone
E-Mail NBTEAMP@JMZONING.COM*		Registration Number 006260*	

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			
Choose only one:			
<input type="checkbox"/> Standard Plan Examination or Review			
<input type="checkbox"/> Professional Certification PC1, POC1			
<input type="checkbox"/> Professional Certification of Objections A11			
<input type="checkbox"/> Prior to Approval Actions 25-26			
<input type="checkbox"/> Amend Existing Filing 4A			
<input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11			
<input checked="" type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25			
Will PAA affect filing fees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" 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: 03			

5 Job/Project Types Choose one and provide specified associated information.			
<input type="checkbox"/> Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5) 6A-E, 8B-C, 8F, 9-10, 12, 13C-F, 14, 18-20, 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, 20, 22			
<input checked="" type="checkbox"/> New Building 6A-E, 8F, 9A, 9C-K, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1			
<input type="checkbox"/> Sign 5A, 6B-D, 9A, 9D, 22-23			
<input type="checkbox"/> Full Demolition 6B, 8D, 9A & 9C-D, 9K, 13D-E, 14, 21A, 22			
<input type="checkbox"/> Subdivision 9A, 9D, 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"/> FA - Fire Alarm		<input type="checkbox"/> FP - Fire Suppression	
<input type="checkbox"/> FB - Fuel Burning PW1C		<input checked="" type="checkbox"/> MH - Mechanical	
<input type="checkbox"/> PL - Plumbing PW1B		<input type="checkbox"/> SD - Standpipe PW1B	
<input type="checkbox"/> SP - Sprinkler PW1B			
6B <input type="checkbox"/> EQ - Construction Equipment 15		6C <input type="checkbox"/> OT/GC General Construction	
		6D <input type="checkbox"/> OT - Other, describe:	
6E <input type="checkbox"/> CC - Curb Cut 16		<input type="checkbox"/> OT/LAN - Landscape	
<input type="checkbox"/> OT/ANT - Antenna		6F <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	

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

 Are plans being submitted with this PW1? ☒ Yes ☐ No *If yes, do the plans include:* ☐ FO — Foundation ☐ EN — Energy Analysis

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B	Is a building enlargement proposed?	8C	Estimated Job Cost \$
	PL	1000						<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 Total Building Square Footage: _____ sq. ft.
								Additional Construction Floor Area: _____ sq. ft.		
								0		

9 Additional Considerations, Limitations or Restrictions

9A Review is requested under which building code? ☐ 2014 ☐ 2008 ☐ 1968 ☐ Prior to 1968

Yes	No	Yes	No
9B <input type="checkbox"/> Alteration required to meet New Building requirements (28-101.4.5) <i>If yes, 13A-B</i>	<input type="checkbox"/> Change in number of dwelling units	<input type="checkbox"/> Change in occupancy / use	<input type="checkbox"/> Change is inconsistent with current certificate of occupancy
<input type="checkbox"/> Alteration is a major change to exits	<input type="checkbox"/> Change in number of stories	<input type="checkbox"/> Infill Zoning	<input type="checkbox"/> Loft Board
9C <input type="checkbox"/> Façade Alteration	<input type="checkbox"/> Quality Housing	Yes	No
<input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>	<input type="checkbox"/> Site Safety Job/Project	<input type="checkbox"/> Prefab wood I-joists	<input type="checkbox"/> Structural cold-formed steel
<input type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> Included in LMCCC	<input type="checkbox"/> Open-web steel joists	
<input type="checkbox"/> Low Income Housing (Inclusionary Housing)			
<input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling			
<input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>			
9D <input type="checkbox"/> Landmark	<input type="checkbox"/> Filing to address violations (list #s—max. 5):		
<input type="checkbox"/> Little "E" or RD Site			
<input type="checkbox"/> Unmapped/CCO Street			
<input type="checkbox"/> Requesting legalization of work where no work without a permit violations have been issued			
<input type="checkbox"/> Other (please specify on line provided below):	<input type="checkbox"/> Filing to comply with Local Laws (list #s—max. 2)	LL Number	Year
<input type="checkbox"/> CRFN(s) Restrictive Declaration / Easement (max. 4)			
<input type="checkbox"/> CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):			
9E <input type="checkbox"/> BSA Calendar Numbers (max. 5):			
9F <input type="checkbox"/> CPC Calendar Numbers (max. 5):			
9G <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [ECC §404 and §505]			
9H <input type="checkbox"/> Work includes modular construction under New York State jurisdiction	9I	High Rise Team tracking #:	
<input type="checkbox"/> Work includes modular construction under New York City jurisdiction			
9J <input checked="" type="checkbox"/> Structural peer review required per BC 16. <i>If yes, provide NYS P.E. license number:</i>			
9K <input type="checkbox"/> Work includes permanent removal of standpipe, sprinkler or fire suppression related systems			
9L <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5, or the raising/moving of a building <i>If yes, 21B</i>			
<input type="checkbox"/> Structural stability affected by proposed work			

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*
 Code Compliance Path (choose one): ☐ NYCECC ☐ ASHRAE
 Energy Analysis (choose one): ☐ Tabular Analysis ☐ REScheck ☐ COMcheck ☐ Energy Modeling (EN1)
- ☐ 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 the work is entirely in a "low-energy building" and is limited to the building envelope.
 - ☐ The entire scope of work involves a temporary structure and/or one or more of the following work types: FA, FP, SD, SP, FS, EQ, CC, OT/BPP, OT/FPP. Other work types are not exempt.
 - ☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings

19 Open Spaces					
	Existing		Proposed		
Plaza Area	sq. ft.		sq. ft.		Arcade Area
Parking Area	sq. ft.		sq. ft.		Parking Spaces
Loading Berths	sq. ft.		sq. ft.		Loading Berths

20 Site Characteristics	20A Flood Hazard Area Information
Yes No <input type="checkbox"/> <input type="checkbox"/> Tidal Wetlands <input type="checkbox"/> <input type="checkbox"/> Coastal Erosion Hazard Area <input type="checkbox"/> <input type="checkbox"/> Fire District	Yes No <input type="checkbox"/> <input type="checkbox"/> Substantial improvement? <input type="checkbox"/> <input type="checkbox"/> Substantially damaged? <input type="checkbox"/> <input type="checkbox"/> Floodshields part of proposed work?
Yes No <input type="checkbox"/> <input type="checkbox"/> Freshwater Wetlands <input type="checkbox"/> <input type="checkbox"/> Urban Renewal <input type="checkbox"/> <input type="checkbox"/> Flood Hazard Area <i>If yes, 20A</i>	

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

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 the work is not an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i> DEP ACP-5 Control No. <u>1234567</u> <input type="checkbox"/> 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)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1.	

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.	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? <i>If no, specify in 26B</i> 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? 23C Sign wording. <i>If extensive, provide only key wording.</i> 23D Distance from Arterial Highway: ft. 23E Distance from Park 1/2 acre or more: ft. 23F OAC Sign Number: 23G OAC Registration Number:
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? <i>If no, sign projects by: ft. in.</i> <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>► <i>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</i>			

24 Comments	Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.
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RESPECTFULLY REQUESTING PAA TO SUPERSEDE THE APPLICANT OF RECORD DMITRIY MOROZOV TO WILLOON WONG AS THE APPLICANT OF RECORD WITH AMENDED PLANS AND FORMS FOR APPROVAL*

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 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. 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 Administrative Code and other applicable laws and rules. ☐ (I check here if) except as set forth in the accompanying documents. I acknowledge that I have read and comply with all instructions pertaining to this application and supplementary schedules submitted. Cluster Development Statement (if applicable): I hereby state that all specifications pertaining to this job are identical to those previously filed under the group lead job number, except as specified herein.

For Initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? ☒ Yes ☐ No

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, exdts, or occupancy. ☐ Yes ☐ No

Name (print): **ROBERT QON WONG**
 Sign and Date: **4.10.19**
 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 all applicable laws, rules, and regulations.

Yes No

- ☐ ☒ **Fee Exemption Request (Non-Profit Owned and Operated)**
 In accordance with Administrative Code §28-112.1, Exception 1, I certify that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purpose. ★
- ☐ ☒ **Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other Government Owned and Operated)** The building or any part thereof to be constructed, renovated, altered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority, NYS Agency, Federal Government or any other government entity. ★
- ☐ ☒ **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 New York State Homes and Community Renewal (NYSOCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.

☐ The owner has notified the New York State Homes and Community Renewal (NYSOCR) 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 NYSHCR notified: _____

- ☐ ☒ **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, exdts, or occupancy and the work is not inconsistent with the current certificate of 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.

Notes for Section 26A: Section required if unit owner signed Section 26. Signature required for authorized representative of Condo or Co-Op board.

★ For fee waivers, please see the PW1 User Guide

Owner ☐ Individual ☒ Partnership ☐ NYCHA / HHC
 Type: ☐ Corporation ☐ Other Government ☐ NYC Agency
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A
 Is the deed holder a non-profit organization? ☐ Yes ☒ No

Name (please print): **ROBERT ROSENTHAL**

Relationship to Owner: **OWNER'S REPRESENTATIVE**

Business Name/Agency: **2461 BROADWAY LLC**

Street Address: **2329 NOSTRAND AVENUE**

City: **BROOKLYN** State: **NY** Zip: **11210**

Telephone Number: **(718) 692-4181** Fax:

E-Mail Address: **ROBERT@HAMPSHIREPROP.COM**

Signature and Date  **4.10.19**

26A Condo/Co-Op Board *See note in bottom left corner of page.*

Name (please print): _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

Fax: _____

E-Mail Address: _____

Signature and Date 

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: _____