



PW-1: Plan / Work Application

Must be typewritten.

Orient and affix BIS job number label here

1 Location Information *Required for all applications.*

House No(s)	Street Name			
Borough	Block	Lot	BIN	C.B. No.
Work on Floor(s)			Apt. / Condo No(s)	

2 Applicant Information *Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.*

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	License Number	

Choose one: P.E. R.A. Sign Hanger Other, please specify: _____

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.*

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
E-Mail	Registration Number	

4 Filing Status *Required for all applications. In this section * means required for Alteration Type 2 jobs only.* **4A Doc. # / Work Type**

<input type="checkbox"/> Initial Filing 5, 7, 11-12, 24-25 <input type="checkbox"/> Prof. Certify Job/Plans PC-1, POC-1 <input type="checkbox"/> Self Certify Objections Only POC-1	<input type="checkbox"/> Changes Prior to Approval 23-24 <input type="checkbox"/> Add Work Types 6-7, 8A*, 11 <input type="checkbox"/> Amend Existing Filing 4A <input type="checkbox"/> PAA 4A, 23-24 PAA effect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New Applicant 4A, 24-25 <input type="checkbox"/> Reinstatement 23-25 <input type="checkbox"/> Withdrawal 24-25 <input type="checkbox"/> Entire Job <input type="checkbox"/> Specified in 4A	Doc	WT	Doc	WT
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5 Job Types *Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.*

<input type="checkbox"/> Alteration Type 1 13-14, 18-20, PW-1A, PD-1 <input type="checkbox"/> Partial Demolition <input type="checkbox"/> Room Count / Dwelling Units <input type="checkbox"/> Occupancy / Use <input type="checkbox"/> Egress	} <i>Select all that apply (at least one), 6A-E, 8B-C</i> Change to:	<input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20	5A Directive 14 acceptance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Alteration Type 1, OT: "No Work" ↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW-1A		<input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C <input type="checkbox"/> Demolition 6B, 8D, 9A-B, 13-14, 21 <input type="checkbox"/> New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1 <input type="checkbox"/> Sign 5A, 6B-D, 9A, 22 <input type="checkbox"/> Subdivision 5B, 9A <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17	5B <input type="checkbox"/> Check if filing includes lot merger / reapportionment 17

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 PW-1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW-1C <input type="checkbox"/> FS - Fuel Storage PW-1C <input type="checkbox"/> FP - Fire Suppression	<input type="checkbox"/> MH - Mechanical <input type="checkbox"/> PL - Plumbing PW-1B <input type="checkbox"/> SD - Standpipe PW-1B <input type="checkbox"/> SP - Sprinkler PW-1B	6B <input type="checkbox"/> EQ - Construction Equipment 15 6C <input type="checkbox"/> OT/GC - General Construction 6D <input type="checkbox"/> OT - Other <i>provide description below:</i> 6E <input type="checkbox"/> CC - Curb Cut 16	6F <input type="checkbox"/> OT/ANT - Antennae <input type="checkbox"/> OT/BPP - Builders Pvmt. Plan 8D <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 25B
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7 Plans Submitted *Plans are required for most applications.*

NP - No Plans or AR - Architectural BP - BPP Checklist FO - Foundation ME - Mechanical
 OT - Other PL - Plumbing ST - Structural ZO - Zoning

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B	Enlargement proposed? <i>If yes, PD-1</i> <input type="checkbox"/> No enlargement proposed <input type="checkbox"/> Yes: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional area: _____ sq. ft.	8D	Street Frontage: _____ linear ft.	
									8E	Height: _____ ft. Width: _____ ft.	
									8F		Name of cluster or development below: _____
							8C	Estimated Job Cost \$ _____	Project lead job no. _____		

9 Additional Considerations, Limitations or Restrictions

9A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filed to Comply with Local Law <i>If yes, 9G</i> <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9D</i> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>	9B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Establishment <i>If yes, PD-1 (except DM jobs)</i> <input type="checkbox"/> Compensated Development (Inclusionary Housing) <input type="checkbox"/> Low Income Housing (Inclusionary Housing) <input type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	9C	<input type="checkbox"/> Old Code Review Requested <input type="checkbox"/> Structural Stability affected by proposed work	9D	CRFN _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No	Landmark Legalization (1/1/89+) "Little E" Hazmat Site Unmapped Street			9E	CRFN _____
					Included in LMCCC Infill Zoning Loft Board Quality Housing Site Safety Job			9F	HRT Lead No. _____
								9G	Local Law No. _____ Year _____
								9H	BSA Calendar No(s) _____
								9I	CPC Calendar No(s) _____

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

10A Specific Reason for ECCCNYS Exemption

- To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
- The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:*
 - An alteration but not a substantial alteration
 - Work in a historic building
 - Work in an exempt building (*specify category/reasons in 10A*)

**I understand the Department may require supporting analyses and documentation.*

11 Job Description

11A Related DOB Job Numbers

12 Zoning Lot Characteristics *A complete set of zoning information is required for all initial applications.*

District(s) _____	Map No. _____	Zoning lot includes the following tax lots:
Overlay(s) _____	Street legal width: _____ ft.	_____
Special Dist.(s) _____	Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private	_____

13 Building Characteristics **For occupancy classification, use main use or dominant occupancy per BC §27-239*

14 Fill

	Existing	Proposed		Existing	Proposed	Choose one: <input type="checkbox"/> Not Applicable <input type="checkbox"/> Off-Site <input type="checkbox"/> On-Site <input type="checkbox"/> Under 300 cu. yd.
Occupancy Classification*			Building Height	ft.	ft.	
Construction Classification			Building Stories			
Multiple Dwelling Classification			Dwelling Units			
Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other			Zoning Floor Area	sq. ft.	sq. ft.	

15 Construction Equipment *Choose one.*

Chute Sidewalk Shed Const. Material: _____
 Fence Size: _____ linear ft. BSA/MEA No. _____
 Supported Scaffold Other: _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 on street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

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Tentative tax lot numbers (new tax lots only):

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

20 Site Characteristics

Yes No

Tidal / Fresh Water Wetlands
 Urban Renewal
 Fire District
 Flood Hazard Area

21 Demolition

Yes No

Demolishing a secondary structure? *If yes, specify structure being demolished:* _____
 Will demolition use mechanical means? *If yes, mechanical means will demolish:* entire structure or part of structure

22 Signs

Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Illuminated 22A <input type="checkbox"/> Accessory <input type="checkbox"/> Non-Illuminated	Type: <input type="checkbox"/> Non-Illuminated	Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	22A 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 25B</i> 22B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? 22C Sign wording. <i>If extensive, provide only key wording.</i> 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 22B <input type="checkbox"/> Wall			
Yes No <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in. <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 22C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 22G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 22D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 22E</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 22F			

23 Comments *Additional comments may be placed on an AI-1 form.*

24 Applicant's Statements and Signatures *Required for all applications.*

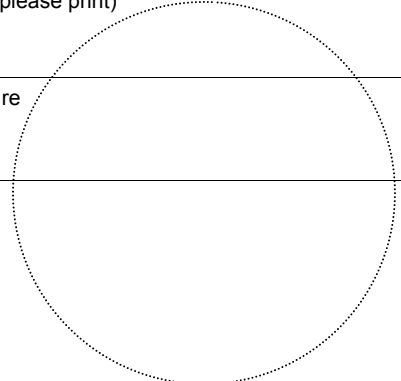
Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

- I prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,
 - 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.

Name (please print)

Signature

Date



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

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

Energy Conservation Construction Code of NYS
Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

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 § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

Owner's Certification Regarding Occupied Housing
The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

The owner has notified the Division of Housing and Community Renewal (DHCR) of his intention to file such plans/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

► **If yes, 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 type: Condo/Co-Op } 25A Partnership HHC NYCHA
 Corporation } DCAS HPD NYS
 Individual DOE Other Government

Is the owner a non-profit organization? Yes No

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Signature and Date ►

25A Condo/Co-Op or Corporation Second Officer

Name (please print):

Title:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

25B 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: _____ Date: _____
Pre-Filer Signature: _____
Cost Estimate (if different from applicant): \$ _____
Amount due: \$ _____