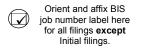


LAA1: Limited Alteration Application for Plumbing, Oil Burning, or Fire Suppression





Must be typewritten and double-sided. Select one category and one work type per Limited Alteration Application

_ 1	1 Filing Status Required for all applications. Choose only one.							
	Initial Filing	Amendment		Emergency	y Work Notificati	on Approval	#:	
	Renewal	Withdrawal	-	— Supersediı	ng Job Applicati	on #:		
2	Location Information	n Required for <i>all</i> applications.						
	House No(s) Street Name							
		Borough	В	Block	Lot	BIN	C.B. No.	
	Work is being performe	d on Floor(s)		Apt/Con	ido No(s)			
3	Fee Assessment Re	equired for all initial application	ıs.					
3A	Building Characteristics,	choose one :	Family House		3 Family House	!	Other	
3B	Estimated Cost (Require Category 1 — Estimate \$	ed for all filings, choose only or d Cost of Limited Work	ne. Categories		2014 Administrat — Estimated Cost			
20	35k limit per building in 12 month period	ncluding appliance and labo	r in any		e all appliance a			
3C				Yes _			plation for illegal work? no.(s) in section 9	
3D	BD Fee Exempt Applications choose only one (if applicable): ☐ The deed holder is a corporation or association organized and operated exclusively for the purposes indicated in §28-112.1, Exception Item 1, of the New York City Administrative Code, and the property is used exclusively by such entity for such purposes. ☐ This is a Federal, New York State, NYC or other government-owned property.							
4	Applicant Information Required for all applications. Fax and mobile telephone are optional information.							
	Last Name First Name				Middle Initial			
	Business Name				Busi	ness Telephor	ne	
	Business Address					Business Fa	ах	
	City	State	Zip		M	obile Telephor	ne	
	E-Mail				l	icense Numb	er	
	License Type	Select only one : Mast	er Plumber (LN	/IP) Oil B	Burner Installer (O	BI) Fire	Suppression Contractor (FSC)	
5	Plumbing Alteration	(LMP) Only select only on	e Category of	either Gas Pl	lumbing Work o	Water Plumi	bing Work not both:	
	Category 1: (Estimated Cost \$35,000 or Less) Water Plumbing Work includes the following: New Fixtures Repair/ Replace SD Installing New Sprinkler Heads Rearrangement of Sprinkler Heads Gas Plumbing Work (Requires section 5A) includes the following: Gas Piping Category 2:							
	Water Plumbing Work includes the following: Rerouting of Plumbing Piping Primary Backflow Preventer Sanitary/Storm Systems Replacement of Sprinkler Heads Other Water Plumbing Work Other Water Plumbing Work Replacement of Sprinkler Heads Other Water Plumbing Work Replacement of Sprinkler Heads Other Water Plumbing Work Replacement of Gas Boiler/Burner Other Gas Work							
5A		ect all that apply: Heat Other (specify here):	Cooking	Lo	er Dryer cocations - Floors/		☐ HVAC ☐ Direct Vent	

6	Oil Burner Installers	(OBI) Only	Select only one Category, not both:
u	Oli Dulliel Ilistaliels		Sciect Office Category, fiot both.

Category 1: (Estimated Cost \$35,000 or Less)

Oil Work includes the following: Oil Tank Oil Piping

Fuel Grade Change? Yes No \rightarrow If yes, Is the Firing Rate changing?* Yes No

* An amendment must be filed with DEP for change in Firing Rate

Category 2:

Oil Work includes the following:

• Oil Boiler / Burner

- Temporary Heating Appliance
- Relocate Oil Fired Heating Appliance

7 Fire Suppression Contractors (FSC) Only Select only one Category, not both:

Category 1: (Estimated Cost \$35,000 or Less)

Fire Suppression Work includes the following:

- Relocate Aux Hose Cabinets
 Relocation of Piping (SP / SD)
- Repair/Replace Sprinkler System
- · Rearrangement of Sprinkler Heads
- Repair/Replace Parts of SD
 Install New Sprinkler Heads

Category 2:

Fire Suppression Work includes the following:

• Replacement of Sprinkler Heads

8	Appliance Data Required for all fuel burning appliances.							
				Listing Agency Name and Certification #	Model Number	Input BTUs/hr		
9	Proposed Work Summary Required. Please include all information such as the length and width of pipe for all piping related work.							

10	Ashastas	A hatement	Compliance.	(choose	one·)
10	I Manealua	Abalellielli	Compliance.	10110050	UHE.

The scope of work is an asbestos project as defined in the regulations of the NYC Department of Environmental Protection (DEP).

The scope of work is not an asbestos project as defined in the regulations of the NYC DEP.

ACP5 DEP Control # _____ CAI# ____

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.

(both required)

11 Applicant's Statements and Signatures Required for all applications. Must be licensee named in section 4 (MP, OBI, or FSC).

I hereby state that the information above is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. Falsification of any statement is a misdemeanor punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

- In accordance with §28-104.8 of the NYC Administrative Code, I hereby declare that I am authorized by the
 owner of the above referenced premises to make this application for a permit to perform the work described
 herein. I hereby state that I have complied with all the relevant sections of the NYC Administrative Code as
 well as the rules and regulations of the New York City Department of Buildings, whether specified or not.
- If applicable, I certify that all new or replacement boilers comply with efficiency requirements, fluid piping
 insulation requirements, and/or service water piping insulation requirements in accordance with the
 NYCECC.
- If applicable, I certify the above-referenced ACP-5 covering the work proposed by this application was submitted to DEP by the Certified Asbestos Investigator.

Name (please print)

Signature Date

Affix NYC Licensee Seal For Licensee Named in Section 4 (MP, OBI or FSC only)