



NYC Department of Buildings
280 Broadway, New York, NY 10007

Patricia J. Lancaster, FAIA, Commissioner

Mona Sehgal
General Counsel
212.566.3353
212.566.3843 fax
monas@buildings.nyc.gov

April 17, 2007

Alan D. Sugarman
Attorney At Law
17 West 70th Street – Suite 4
New York, New York 10023

Re: 8-12 West 70th Street, New York, NY

Dear Madam/Sir:

This responds to your request for information governed by the Freedom of Information Law (FOIL).

- All public records maintained by the Department of Buildings (DOB) are routinely made available for public inspection at the office / division of the New York City Department of Buildings at which said records are maintained. Please contact the <ENTER> to determine the hours at which the records you have requested are available. Any further questions regarding your request should be directed to the Records Control Officer for the respective office/division of this Department. **The records will not be available at the time you call.**
- The documents you requested are available for inspection at the Municipal Library located at 31 Chambers Street, Suite 112, New York, NY 10007 (212) 788-8590.
- The information you seek is not within the jurisdiction of DOB. Please direct your request to
- A search of DOB files has revealed no such documents.
- Your request is denied under §87(2) of the Public Officer's Law because the documents requested are
- ✓ **Other: I am forwarding you copies of the applications we have been able to locate so far. I am currently looking for applications numbers: 104250481, 102960547 & 102988233. I know that you are looking for copies of 104250481 therefore I have asked the record room to search again for this folder. There is a chance that the applicant may have it because it's at disapproved status. As far as your other request I will notify you on or before April 30, 2007 regarding the status. If you have any questions please give me a call at (212) 566-2899.**

Manhattan Borough Office
280 Broadway, 3rd Fl.
(212) 566-0248

Brooklyn Borough Office
210 Joralemon Street
(718) 802-3675

Bronx Borough Office
1932 Arthur Avenue
(718) 579-6923

Queens Borough Office
120-55 Queens Boulevard
(718) 286-0795

Staten Island Borough Office
10 Richmond Ave – Borough Hall
(718) 816-2315

Central Inspections
280 Broadway, 4th Floor
(212) 566-5475

Elevator Division
280 Broadway, 4th Fl.
(212) 566-4856

Boiler Division
280 Broadway, 4th Fl.
(212) 566-4872

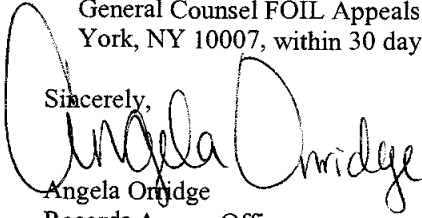
Cranes and Derricks
280 Broadway, 5th Fl.
(212) 566-4698

BEST Squad
1 Centre Street
(212) 669-8132

Enforcement Division
280 Broadway, 5th Fl.
(212) 566-4571

— You have the right to appeal this determination by writing to the Deputy General Counsel FOIL Appeals Officer, 280 Broadway, 7th Floor, New York, NY 10007, within 30 days of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Angela Orridge". The signature is fluid and cursive, with the first name "Angela" being more prominent than the last name "Orridge".

Angela Orridge
Records Access Officer

***** NEW YORK CITY *****
*** DEPARTMENT OF BUILDINGS ***

R E C E I P T

INVOICE #: 60609623 DATE: April 16, 2007 TIME: 11:38 AM
TOTAL PAYMENT RECEIVED: \$*****19.25

TYPE OF TRANSACTION	AMOUNT	PAY TYPE
OTHER - MISCELLANEOUS	19.25	9432 CK
FOIL REQUEST	05111	000204 00470 MZ

RECEIVED FROM: CENTRAL ACCOUNTING STATION: 06

04/17/07

BISPPRA3

OVERVIEW OF NEW JOBS AT - 8-12 WEST 70 STREET - MANHATTAN

ITEM #	PROCESS DATE	JOB NUMBER	DOC #	JOB TYPE	FLOOR	JOB STATUS	STATUS DATE	APPLICANT	FILING REP
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1 08/03/01 102960547 01 A3 1 R PERMIT-ENTIRE 08/10/01 Blinn Hopkin
Erect 100' of 12' high Heavy Duty Sidewalk Shed 300 psf

2 08/22/01 102988233 01 A3 1 4 R PERMIT-ENTIRE 08/27/01 Blinn Hopkin
Erect scaffolding during facade restoration.

provided 3 08/23/00 102749279 01 A2 CEL R PERMIT-ENTIRE 09/12/00 Aconsky Santia
Voluntary Interior Fire Alarm And Smoke Detection For Area,

4 09/16/03 103564741 01 A2 BAS J P/E DISAPPROVED 09/19/03 ACONSKY Chico
installation of fog water fire protection system as per plans (MEA 68-02

provided 5 03/08/05 104053088 01 A3 001 R PERMIT-ENTIRE 03/09/05 GALLICHI KLEIN/
INSTALLATION OF SCAFFOLDING 35 LONG X 60 HIGH DURING FACADE REPAIR. NO CH

NEW START DATE: _____ (YYYYMMDD) JOB TYPE: _____ (ENTER 'PR' FOR PRA/ARA)
TO DISPLAY JOB DETAILS ENTER ITEM # 0 AND PRESS PF3.
PF1=PREV PF2=MAIN PF3=DETAILS

04/17/07

BISPPRA3

OVERVIEW OF NEW JOBS AT - 8-12 WEST 70 STREET - MANHATTAN

ITEM #	PROCESS DATE	JOB NUMBER	DOC #	JOB TYPE	FLOOR	JOB STATUS	STATUS DATE	APPLICANT	FILING REP
--------	--------------	------------	-------	----------	-------	------------	-------------	-----------	------------

1 08/23/05 104203265 01 A1 BAS R PERMIT-ENTIRE 08/24/05 CIARDULL JIMENE
PROPOSED MINOR INTERIOR DEMOLITON/PARTIAL INTERIOR WALL AND CEILING TILE

2 10/07/05 104250481 01 NB SUC J P/E DISAPPROVED 11/10/05 WHITE JACKIE

3 05/09/06 104427666 01 A2 001 R PERMIT-ENTIRE 02/16/07 CIARDULL JIMENE
PROPOSED INSTALLATION OF ONE TEMPORARYCLASSROOM UNIT (TRAILER) IN AD

4 06/30/06 104427666 02 A2 1 2 R PERMIT-ENTIRE 12/26/06 CIARDULL CARRIO
SUBSEQUENT FILING OF FENCE WORK TYPE &PLUMBING WORKT YPE TO INDICATE P

5 02/05/07 104427666 03 A2 1 2 P APPROVED 02/14/07 CIARDULL CARRIO
POST APPROVAL AMENDMENT

NEW START DATE: _____ (YYYYMMDD) JOB TYPE: _____ (ENTER 'PR' FOR PRA/ARA)

TO DISPLAY JOB DETAILS ENTER ITEM # 0 AND PRESS PF3.

PF1=PREV

PF2=MAIN

PF3=DETAILS



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten


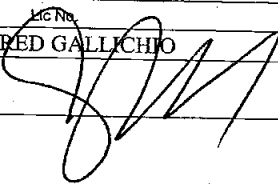
104053088 DEPT. OF BLDGS. <small>(Affix Label or type in number)</small>
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1 Reason for Filing <input checked="" type="checkbox"/> Initial Permit (complete all sections) Expected Job Start Date: _____ <input type="checkbox"/> Renewal with change (complete all sections) <input type="checkbox"/> Renewal with no change (complete sections 6 & 7 only)			
2 Location Borough _____ Block <u>1122</u> Lot(s) <u>37</u> BIN _____ House No(s) _____ Street Name _____			
3 Applicant/Contractor Last Name <u>GALLICHIO</u> First Name <u>ALFRED</u> M.I. _____ Business Name <u>WEST NEW YORK RESTORATION OF CONNECTICUT</u> Business Phone (<u>718</u>) <u>617-5257</u> Address <u>1800 BOSTON ROAD</u> City <u>BRONX</u> State <u>NY</u> ZIP <u>10460</u> <input type="checkbox"/> License Type (circle one): <input type="checkbox"/> P.E., <input type="checkbox"/> O.R.A., <input type="checkbox"/> O.M.P., <input type="checkbox"/> O.F.S.C., <input type="checkbox"/> O.O.B.I., <input type="checkbox"/> O.Sign Hanger Lic. No.: _____ <input checked="" type="checkbox"/> General Contractor, Provide Tracking No. (mandatory) <u>24060</u> <input type="checkbox"/> H.I.C. ; Provide No. _____ <input type="checkbox"/> Demolition Contractor <input type="checkbox"/> Home Owner (waiver of insurance from Borough Commissioner required) <input type="checkbox"/> I shall perform the responsibilities required of a Superintendent of Construction for this job. If MP, FSC, or OBI applicant, are you responsible for all work on this permit (Y/N)? _____			
4 Filing Representative Complete if different from applicant listed in section 3. Last Name <u>HICKEY</u> First Name <u>DENNIS</u> M.I. _____ Registration No. _____ Business Name <u>DIRECT ACCESS EXPEDITING, INC.</u> Business Phone (<u>212</u>) <u>732-5984</u> Address <u>311 GREENWICH STREET</u> City <u>NEW YORK</u> State <u>NY</u> ZIP <u>10013</u>			
5 Insurance (P.E. / R.A. only) Check off all required items and submit with this permit application Compensation Insurance has been secured in accordance with the requirements of the Workman's Compensation Law: <input type="checkbox"/> Workman's Compensation Insurance (for all permits) <input type="checkbox"/> Liability Insurance (for NB permits) <input type="checkbox"/> Street Obstruction Bond Insurance (for EQ permits) <input type="checkbox"/> Disability Insurance (for all permits) <input type="checkbox"/> Highway Letter (for NB permits)			

REMINDER: We urge you to renew your permit on time and avoid any penalties. Mail-in your renewal 2 weeks prior to permit expiration date.

For renewal with no change, complete sections (6 & 7) below only

6 Type of Permit <input type="checkbox"/> No Work Permit			
<input type="checkbox"/> New Building <input type="checkbox"/> Demolition & Removal <input type="checkbox"/> Foundation/Earthwork <input type="checkbox"/> Earthwork Only	<input type="checkbox"/> Alteration <input type="checkbox"/> Plumbing <input type="checkbox"/> Curb Cut <input checked="" type="checkbox"/> Construction Equipment	<input type="checkbox"/> Sign <input type="checkbox"/> PA <input type="checkbox"/> Fuel Burning: <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Sprinkler	<input type="checkbox"/> Boiler <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Standpipe <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Mechanical/HVAC
→For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.			
7 Statements & Signatures — must be completed by all applicants (for renewals with no change, check off (x) box below) I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, or 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. <input type="checkbox"/> I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.			
Applicant Name <u>ALFRED GALLICHIO</u>		Title <u>PRESIDENT</u>	
Signature _____		Date _____	

8 Superintendent of Construction			
I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.			
Last Name GALLICHIO		First Name ALFRED M.I.	
Business Name WEST NEW YORK RESTORATION OF CONNECTICUT		Business Phone (718) 617-5257	
Address 1800 BOSTON ROAD		City BRONX State NY Zip 10460	
Check one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> MP <input type="checkbox"/> FSC <input type="checkbox"/> OBI <input type="checkbox"/> Sign Hanger <input checked="" type="checkbox"/> General Contractor <input type="checkbox"/> HIC <input type="checkbox"/> Demo Contractor <input type="checkbox"/> Home Owner			
Taxpayer ID No. 13-361-4674 LIC No.			
Seal (if applicable)	Name ALFRED GALLICHIO	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of _____ Sworn to before me this _____ day of _____ 20____ Notary Signature _____ Notary Seal _____ 	
	Signature 		
	Date _____		
9 Site Safety Manager			
Last Name _____		First Name _____ M.I. _____	
Business Name _____		Business Phone () _____	
Address _____		City _____ State _____ ZIP _____	
Certificate No.: _____			
9a Contractor's Statement for Site Safety Plan			
<p>I have advised the individual named above that they have been designated as the Site Safety Manager.</p> <p>I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two(2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs.</p> <p>I agree to either substitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City of New York to withdraw the proceeding against the said Site Safety Manager. I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.</p> <p>I acknowledge, certify, and accept all of the above.</p>			
Site Safety Manager Statement I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations. I acknowledge, certify, and accept all of the above.		Contractor Name _____	
		Title _____	
		Signature _____ Date _____	
Notarization State of New York, County of _____ Sworn to before me this _____ day of _____ 20____		Name _____	
		Title _____	
		Signature _____ Date _____	
Notary Signature _____		Notary Seal _____	

NYCProperty	Statements List	Select a B.B.L.	NYC.GOV Home	DEP Home	DOF Home	NYCProperty Home
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FINAL ASSESSMENT ROLL 2004-2005 | City of New York

Taxable Status Date: January 5, 2004

[View 2003 FINAL ASSESSMENT ROLL](#)
[View 2004 TENTATIVE ASSESSMENT ROLL](#)
[View 2005 TENTATIVE ASSESSMENT ROLL](#)

EXPLANATION OF ASSESSMENT ROLL**Parcel Information****Owner Name:**

TRUST CONG SHEARITH

Property Address and Zip Code:

8 WEST 70 STREET 10023

Real Estate Billing Name and Address:

CONG SHEARITH ISRAEL

8 W 70TH ST

NEW YORK NY 10023

« Previous BBL**Next BBL »****Borough:**

MANHATTAN

Block:

1122

Lot:

37

Tax Class:

4

Building Class:

W2 Codes

**Land Information****Lot Size**

64.00FT X 100.42FT

Irregular**Corner**

CR

Building Information**Number of Buildings**

1

Building Size

40.00FT X 74.00FT

Extension

E

Stories

4

Assessment Information**Description****Land****Total**

ESTIMATED MARKET VALUE

4,000,000

ACTUAL AV

1,552,500

1,800,000

ACTUAL EX AV

1,552,500

1,800,000

TRANS AV

1,469,250

1,716,750

TRANS EX AV

1,469,250

1,716,750

Taxable/Billable Assessed Value**Assessed Value**

SUBJECT TO ADJUSTMENTS, YOUR 2004/05 TAXES WILL BE BASED ON

0

Exemption Information**# Code****Description****Exempt Value**

1 1022-01 (25120)

RELIGIOUS-SCHOOL

1,800,000

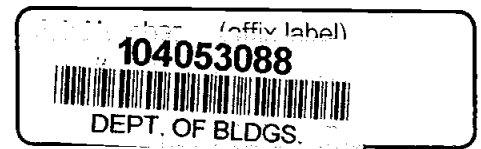
Property is assessed at the following uniform percentages of full market value, unless limited

<http://nycserv.nyc.gov/nycproperty/statements/asr/jsp/stmtassessasr.jsp?statementId=65090...> 3/8/2005



DOB FOIL-A 000009
PC Filing Prefiling Checklist

March 08, 2005



Department of Buildings, City of New York

Job No:

Ref No: 306EAST61

Borough:

MANHATTAN (1)

Location: 8 WEST 70TH ST

Job Type: **A3**
Estimated Cost: **\$0.00**

Doc. No.:

Project Lead Job No.:
Cluster Dev. Name:

Bldg. Group Lead No.:

Work Types: **EO**

OT Descript.:

BIN: Block: **1122** Lot: **37** Lot 2: Lot 3: CB No.: **107** No. Stories: **4**

Street Frontage:
Special Place:

Total Gross Floor Area:

Other Building
Information:

Building Class: **Other**

Fee Exempt: **Y**

Fee Deferred: **N**

Other
Considerations:

C of O: Making Change To:

Constr. Eq. Info: **Scaffold**

Signs Info:

Total Sq. Footage:
Height Above Roof:

Applicant: **GALLICHIO, ALFRED**

Prof. Title: **OT**

License No.:

If this filing includes Sprinkler Work, is Water Supply off the domestic? ☐ Yes ☐ No

Plans Submitted:

☐ AR ☒ ST ☐ ZO ☐ ME ☐ PL ☐ FO ☐ NP ☐ BPP Checklist



Plan/Work Report For PC Filing

Internal Use

Job Number (affix label)

104053088

DEPT. OF BLDGS.

March 08, 2005

Ref. #: 306EAST61

NYC Department of Buildings - PCF.PW1

Department of Buildings, City of New York

Location & Status

Borough: **MANHATTAN (1)**

BIN:

Block: **1122**Lot: **37**Address: **8 WEST 70TH ST**Filing Type: **Initial Filing**Job Type: **Alteration 3**

Cluster Dev. Name:

Project Job Lead No.:

Bldg. Job Lead No.:

Applicant

Applicant Name: **GALLICCHIO, ALFRED**Business Name: **WEST NEW YORK RESTORATION OF CT**Phone: **(718) 617-5257**Address: **1800 BOSTON ROAD, BRONX, NY 10460**Professional Title: **OT**

License No.:

Other Description: **G.C.**

Filing Representative

Filing Rep Name: **KLEIN/SLIWINSKI, MELANIE/JOLANTA**

Registration No.:

Business Name: **DIRECT ACCESS EXPEDITING, INC.**Phone: **(212) 732-5984**Address: **311 GREENWICH STREET, NY, NY 10013**

Considerations

Directive 14 Acceptance Req.: **N**Unmapped Street: **N**Infill Zoning: **N**

Reel No.:

Legalization of Work After 89: **N**Quality Housing: **N**Landmark: **N**

Page No.:

Professional Certification of Job/Plans: **N**Local Law 5 of 73: **N**Adult Use: **N**Professional Certification Objections: **N**Local Law 16 of 84: **N**SRO: **N**Other
Considerations:Old Code Review Requested: **Y**Site Safety Job: **N**Loft Board: **N**Building Class: **Other**

CPC Calendar No.:

Fee Status: **Fee Exempt**

BSA Calendar No.:

Alteration Details

Certificate of Occupancy Status:

Structural Stability Affected: **N**

Equipment:

Making Change To:

Job Description: **INSTALLATION OF SCAFFOLDING 35 LONG X 60 HIGH DURING FACADE
REPAIR. NO CHANGE IN USE EGRESS OR OCCUPANCY**

Ref. #: 306EAST61

NYC Department of Buildings - PCF.PW1

Department of Buildings, City of New York

Work TypesWork Types and Costs: **EQ;**

Curb Cut Description:

OT Description:

Job Estimated Cost: **\$0.00****Building Information**Community Board No.: **107**Map No.: **8C**

Apt. Nos./Condos:

Floors: **001**

Special Place:

Occupancy Class: **Existing: PUB**Construction Class: **Existing Old Code: 1**

SiteAreaCharacteristics:

Zoning Districts: **R10A**

Total Gross Floor Area:

No. of Dwelling Units:

Street Frontage:

Parking Sq. Footage:

Building Height: **60 ft.**

Loading Berths:

Plaza Sq. Footage:

No. of Stories: **4**

No. of Loading Berths:

Arcade Sq. Footage:

Ult. No. of Stories:

No. of Parking Spaces:

Const. Equip. Waiver:

Fill:

Construction/Fire Protection EquipmentConst. Equipment: **Scaffold**Construction Material: **STEEL**BSA/MEA Approval No.: **362-44-SM**

Standpipe:

Sprinkler:

Fire Alarm:

Fire Suppression:

CommentsLessee

Lessee Name:
Lessee Bus. Name:
Lessee Address:

Title:
Phone:

Signs

Sign Type:
Height Above Roof:
Sign Weight:
Square Footage:
Illuminated:
Wording:
Description:

Roof Sign is Tight/Closed/Solid:
Adjacent:
Advertising:

IBL:

Owner

Owner Type: **C Corporation**
Owner Name: **SINGER, ALLAN**
Owner Title: **VP**

Non-Profit: **N**

Business Name/Agency: **CONGREGATION SHEALTH**
Owner Address: **8 WEST 70TH ST, NEW YORK, NY 10023**

Phone: **(212) 873-0300**

If Corporation, Condo/Co-op, name of second officer/Board of Director -

Name: **NATHAN, DAVID**
Title: **VP**
Address: **8 WEST 70TH ST, NEW YORK, NY 10023**

Phone: **(212) 873-0300**



ASBESTOS EXEMPTION CERTIFICATION LETTER

104053088



DEPT. OF BLDGS.

Application No. _____

Block 1122Lot 37Address 8 West 70th st

A/K/A _____

State proposed work covered by above application in detail with location(s):

Installation of a heavy-duty sidewalk shed. Scaffolding

As the duly authorized agent for the above premises, I hereby certify that the work filed for the above address is exempt from the asbestos form requirement as defined in section 8152 (A) 1 of regulations promulgated by the New York City Department of Environmental Protection.

Applicant Signature

Affix Seal of Registered Architect, Professional Engineer,
Licensed Plumber, Licensed Oil Burner Installer*

Date

3/8 / 2005**SEAL HERE**

Warning: Any person who shall knowingly make a False Statement or who shall knowingly allow this statement to be falsified shall be guilty of a misdemeanor under section 26-124 (643A--10.0**) of the Administrative Code, and shall be punished by a fine of not more than \$500.00 or by imprisonment of not more than 6 months, or both.

Note: Form must be filed in duplicate

*If applicant is not an R.A., P.E., Licensed Plumber, or Licensed Oil Burner Installer, the Borough Superintendent / Commissioner must approve

** Previous section number _____

Plot Diagram (Metes and Bounds)

Street Status:

Legal Width:

Beginning at the point on the
of the corner formed by the intersection of
running

side of

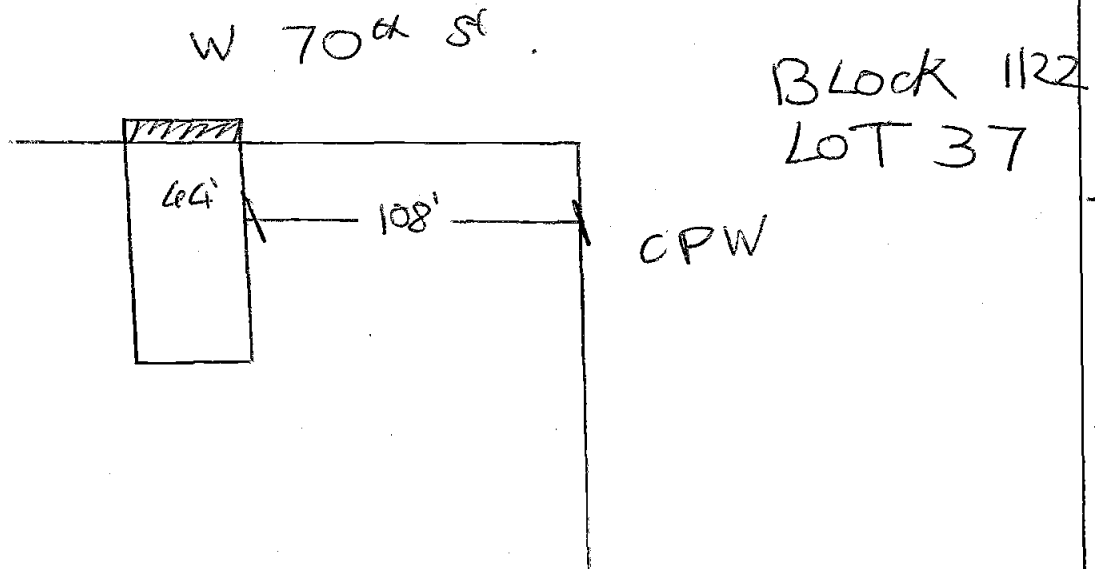
distant
and

feet



to the point of beginning.

Diagram:



N

Statements and Signatures104053088
DEPT. OF BLDGS.Applicant's Statements

I prepared or supervised the preparation of the plans and specifications submitted on the accompanying disk, identified with the reference number 306EAST61, and the CompanyID DIRECT -8243.45, prepared on the Department of Building's PC Filing System.

To the best of my knowledge and belief, the plans and work shown thereon and represented by this printed copy comply with the provisions of the Building Code and other applicable laws and regulations.

☐ except as set forth in the accompanying documents.

Cluster/Tract Housing Statement Complete if applicable

Lead Job Number:

I hereby state that application data for each individual job within this Cluster Group conform to the specifications for the above Lead Job Number, with exceptions as noted on the Cluster Detail Page(s), attached.

I acknowledge that I have complied with the instructions for the use of PC Filing, and have read and complied with instructions for the supplementary schedules submitted.

Applicant Name: GALLICHIO, ALFREDDate: 3/8/05Applicant Signature: Gallichio Alfred

Seal (P.E. or R.A.)

Owner's Statements

I have authorized the applicant to file this application for the work specified herein, and the work specified on the accompanying disk, identified by the reference number 306EAST61, prepared on the Department of Buildings PC Filing System, and all future amendments.

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 control under Chapter 3 of Title 26 of the Administrative Code. N

The owner has notified 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]. N
Date DHCR Notified:

Owner's Certification Regarding Adult Establishments

I authorize and intend to create, enlarge, or extend an adult establishment or related sign at the subject premises. N

Fee Exemption Request Statement

In accordance with Section 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used **exclusively** for the purposes indicated in such section. Y

Fee Deferred Request Statement

I hereby request a fee deferred for the work proposed on this New Building or Alteration Type I application and understand that all fees must be paid before issuance of the C / O or job sign off. N

Name of Signator : SINGER, ALLANRelationship to
Building Owner: VPDate: 3/8/05Signature: Singer Allan

Falsification of any statement is a misdemeanor under Section 26-124 of the 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.

Examiner Signature: _____

Date: _____

PAT IACOBAZZO
MAR 09 2005
ACCEPTABLE FOR PERMIT

2. Medium Duty Scaffold: as defined by Rule 1.24.10 of the Demolition Rules of the Board: - Maximum live load: 50 lbs. per sq. ft.

Span in ft. between bents	10'-0"	9'-0"	8'-0"	7'-0"
Maximum height above base plate	100'-0"	110'-0"	115'-0"	125'-0"

3. Light Duty Scaffold: as defined by Rule 1.24.7 of the Demolition Rules of the Board: - Maximum live load 25 lbs per sq. ft.

Span in ft. between bents:	10'-0"
Maximum heights above base plate:	125'-0"

The Committee further recommends that additional stages of planking may be used in accordance with the following condition:

1. Heavy Duty Scaffold: Only one working stage of planking and no additional stages of planking may be used on the Heavy Duty Scaffold.

2. Medium Duty Scaffold:

Bent Spacing:	10'-0"	9'-0"	8'-0"	7'-0"
Additional Stages of Planking:	0	1	2	4

3. Light Duty Scaffold:

Bent Spacing:	10'-0"
Additional Stages of Planking:	8

The live load of 50 lbs per sq. ft. for the Medium Duty Scaffold and the 25 lbs per sq. ft. for the Light Duty Scaffold may be applied to one tier or may be divided between various tiers, as allowed, in the same bay.

The Committee further recommends that during the course of erection and all time thereafter, of the scaffold hereby recommended for approval under this resolution, that the scaffold be adequately tied to the building every two stories but not more than 24'-0" vertically and every 28'-0" horizontally by one of the approved methods shown on drawings A to J inclusive, marked "Received May 16, 1951" which are on file with and are part of the record.

The Committee further recommends that the frames shall set on suitable sills of a minimum size of 2" x 12" but in all cases the owner-manufacturer shall submit his erection plans to the Department of Housing and Buildings so that all the methods of construction outlined in the resolution and the subsurface conditions may be investigated and checked.

The Committee further recommends that signs shall be conspicuously posted every 50 ft. along the planked platform levels showing the allowable live load per sq. ft. allowed on the planking and further that all the component parts of the scaffold shall be kept in a perfect state of repair properly painted or otherwise treated to prevent corrosion or decay.

The Committee further recommends that the erection and design of scaffolds, hereby recommended for approval under this resolution shall be under the responsible supervision of the owner-manufacturer of the scaffold and that all scaffolds erected under the conditions of this approval shall be stamped, marked or labeled as follows: "Approved by the Board of Standards and Appeals for use in New York City under Cal. 362-44-SM".

Signed: **Harris H. Murdock**,
Chairman,

Edwin W. Kleinert,
Commissioner

John A. Darts,
Engineering Division

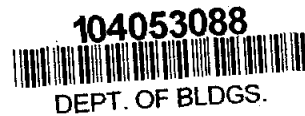
Resolved that the Board of Standards and Appeals does hereby approve this material in accordance with the above report.

Harris H. Murdock

Chairman

A true copy of resolution adopted by the Board of Standards and Appeals June 19, 1951.

Printed in Bulletin No. 26, Vol. XXXVI.



"TROUBLE SAVER" SECTIONAL SCAFFOLD

SPECIFICATION

SCAFFOLD

The scaffold to be 101'-0" high. Line load to be 50'-0".

FRAMES

The scaffold may be constructed of any of the frames shown in this drawing, either all of one kind or any combination of the different types of frames.

BRACKETS

The brackets shown in this drawing may be attached to parts of scaffold where desired.

TRUSSES

Trusses (or putlogs) may be used as indicated and shall in all cases be attached to vertical posts and trusses (or putlogs) supports where used shall be attached to posts at bracing points.

GUARD RAILS

Working areas shall be protected by guard rails and toe boards to comply with Industrial Code, Rule No. 23.

BRACING

Details of typical vertical bracing are as shown. End bays shall be fully braced and bays adjacent to trusses braced fully up to level of trusses. Both inside and outside elevations. Intermediate bays shall be braced alternately on every other level (See Drawing). Horizontal bracing shall be placed in all bays at approximately 25' levels. (Attached to each leg of each frame shall have at least one crossbrace attached).

TIE TO BUILDING

The scaffold shall be securely tied to building at 25'-0" intervals horizontally and 25' vertically.

FOUNDATION

Frames shall be set upon leveling jacks or plain base plates laid on pieces of 2" x 9" planks at right angles to the building. In case of very soft ground, the slits shall be increased in size or directed.

LOADING

The live load of the scaffold is assumed to be 50'-0" concentrated on one level or split between various levels. The load per post is assumed as 1 ton max.

LADDERS

Standard ladders 012 to be used. Max. run 25'. Distances at top and bottom of run to be provided.

PLANKS

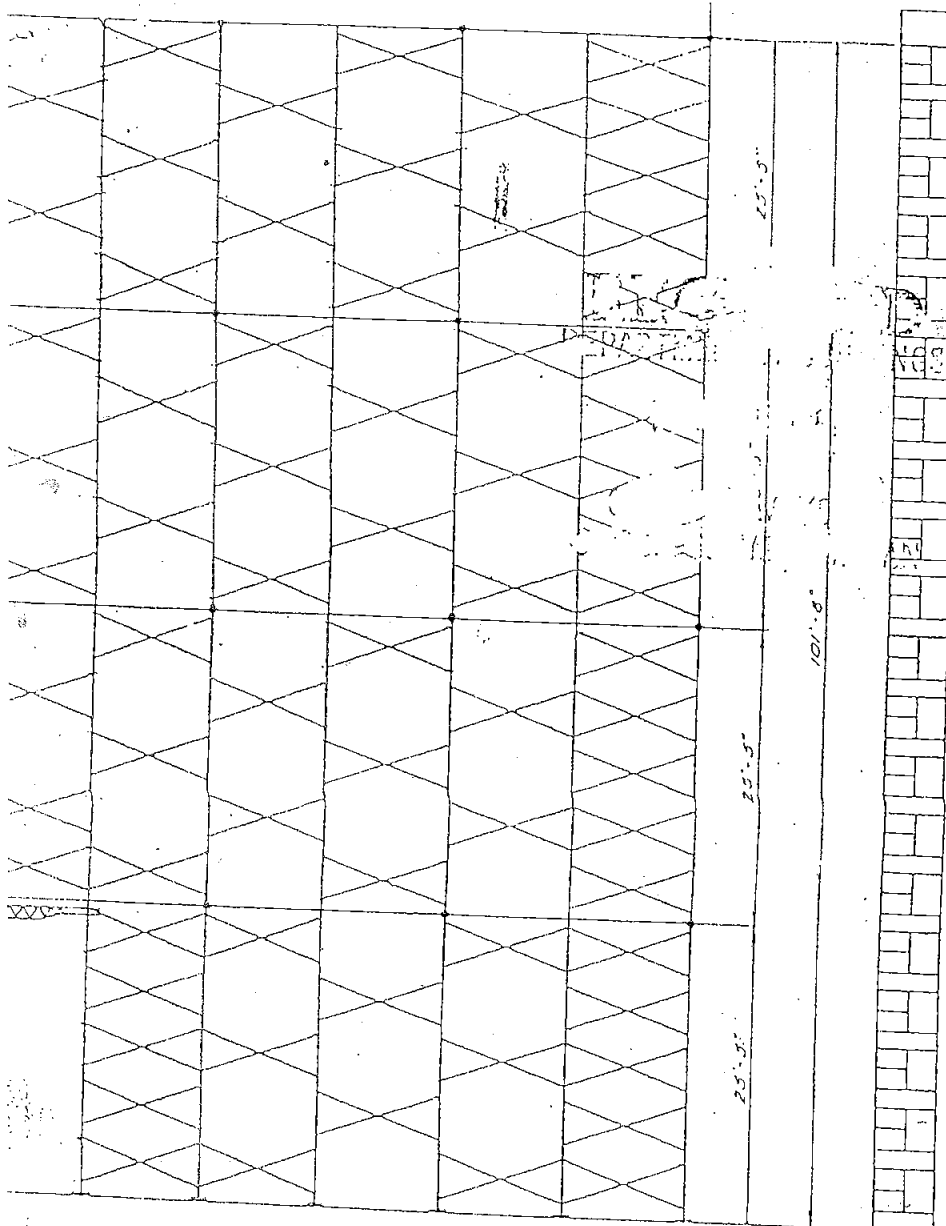
Plank shall be standard 2" x 9".

NOTE

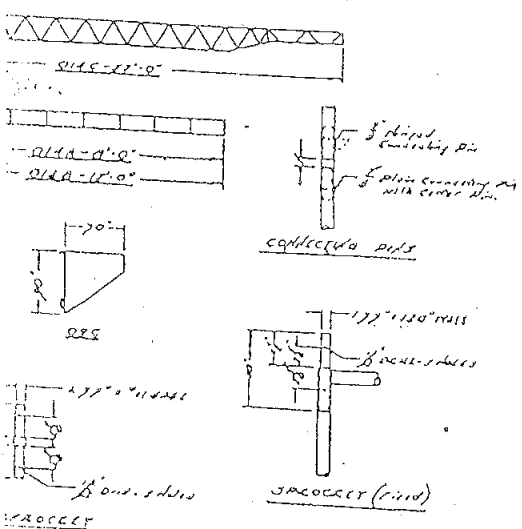
- Indicates materials to building - 1 1/2" x 100' Wall
- Indicates level with horizontal bracing.
- Tubes - 1 1/2" O.D. x 100' HALL - Legs and Top brace.
- 1 1/2" O.D. x 100' HALL - Internal braces.
- 1 O.D. x 100' HALL - For ladders.
- 1/2" Round Steel Rod - Lattice
- Spuds - 1/2" dia. x 1 1/2' Long.
- Plates - 1/2" dia. hole is drilled diametrically through both walls at legs of a distance of 2 1/2' from the upper and lower ends.

BRACE CONNECTIONS

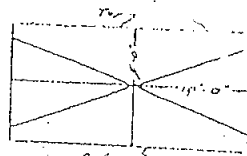
Frame Brace Locks or Ring Joints are used at every location where the brace attaches to the frame.



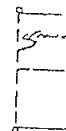
INSIDE ELEVATION



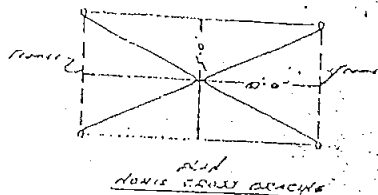
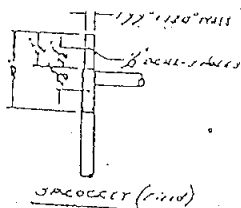
SECTION



ELEVATION CROSS BRACING



PLAN CROSS BRACING



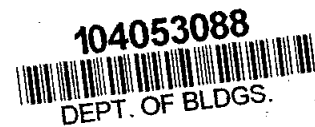
HALL CROSS BRACING

PAT IACOBAZZO

MAR 09 2005

ACCEPTABLE FOR PERMIT

6		
5		
4		
3		
2		
1		
0		
10	REVISIONS	DATE
THE PATENT SCAFFOLDING CO.		
30-21-120 ST. L.I.C., N.Y.		
10' BRACING 10'-0" SPANS		
32 DEN. AM	SCALE	
1 A. APPROVAL 4030	1/5 CA	10/20/11



SECTIONAL STEEL SCAFFOLDING

362-44-SM

APPLICANT - JAMES J. F. GAVIGAN, for The Patent Scaffolding Co., Inc., owner.

SUBJECT - The Patent Scaffolding Co., Inc., "Trouble Saver Scaffold" (with wing nut type brace connection), approval of.

APPEARANCES -

For Applicant: William A. Rose and Arthur C. Borgman.

ACTION OF BOARD - Material approved in accordance with the report of the Committee on Test.

THE VOTE TO APPROVE -

Affirmative: Commissioners Kleinert and Keating and Deputy Chief

Guinee 3

Negative 0

Absent: Chairman Mardock 1

THE RESOLUTION (362-44-SM)

Whereas, the report of a Committee on Test reads:

REPORT OF COMMITTEE ON TEST

Re: Cal 362-44-SM

February 9, 1951

SUBJECT: Trouble Saver Scaffold With Wing Nut Type Brace Connection, approval of.

James J. F. Gavigan for the Patent Scaffolding Co., Inc. filed June 16, 1944, an application with the Board of Standards and Appeals for approval of the material known as the Trouble Saver Scaffold, under the provisions of C26-178.0 Administrative Building Code and Rule 7.5.18 of the Demolition Rules of the Board adopted under Cal. 784-41-SR.

Purpose

This steel scaffolding is intended to replace the usual form of timber scaffolding in the three classes, light, medium and heavy duty scaffolding, for uses as set forth in the Demolition Rules of the Board.

Description

The assembly consists of steel frames, braces and accessories which are assembled to form a scaffold. The frames are connected to each other on each side by a pair of diagonal cross braces. Connector called sprockets, set into the upper ends of the frame tubes, permit other sections to be added to the top of the lower sections. The top section is fitted with railings, toe boards and the scaffolding planks. Adequate sills at the bottom and suitable tie-ins to the building and for structure are provided.

The frame is the essential basic unit and consists essentially of two end posts, cross tubes and stiffening braces all of butt welded steel tubing. The ends of the cross tubes and stiffening braces are cut out to accommodate the curvature of the tubes to which they are secured by are welding. A lattice of steel rod is welded between the two cross tubes of the head truss frame.

The two end posts are 1 3/8 inch O.D. by 0.108 inch wall steel tubes. The upper cross tube, or bearer which may be considered the top flange is 1 3/8 inch O.D. by 0.108 inch wall steel tube. The bottom brace or lower flange which is 1' 1-1/16" below the upper flange is 1-1/16" O.D. by 0.086 inch wall steel tubes. The two braces, one on each post, are 1-1/16" O.D. by 0.086 inch wall steel tube and form a 45° angle with lower flange and the end post. The web member is formed by a lattice of 3/4 inch steel rod and are so bent as to form a truss having panel points 1' 0" on centers. The frames have a width of 5' 0" C' to C' of posts.

The connectors, or sprockets, consist of a 9 inch length of 1.35 inch O.D. by 1/8 inch wall steel tubing with a 1 inch length of 1.66 inch O.D. by 1/8 inch wall pipe welded to the center. The ends of the connector tube are rounded and two 15/32 inch holes are provided for connecting pin.

The cross braces connecting the bents are made from 1-1/4" x 1-1/4" x 1/2" angle iron. The legs of the angle at each end of the brace are pressed together to form a flat surface. A 35/64 in. diameter hole is drilled through each end for connection to the posts by 1/2" bolts with wing nuts. The braces are constructed in pairs and held together by a 3/4 in. rivet at the center.

The base plate under the legs of the bottom frame is a 6 inch diameter

steel plate 1/4 inch thick, to the center of which a 4 inch length of 1.35 steel outside diameter 1/4 inch wall steel tubing is welded to form a socket for the leg of the bottom frame. Three 17/64 inch diameter holes are drilled through the base plate to facilitate anchoring to the timber sills.

Inspection and Test

Three panels (four frames) of scaffolding, two tiers high were tested at the yard of the Patent Scaffolding Co. in Long Island City. Present at the test were Comm. E. W. Kleinert, J. A. Darts, Engineering Division, Committee on Test, Messrs. J. F. Summers, D. Gentileco and W. A. Health, New York State Department of Labor Board of Standards and Appeals, S. Martinson, Chief Engineer, Bureau of Construction, New York State Department of Labor, J. Huck, representing the applicant and Prof. W. A. Rose, conducting the test.

The frames were spaced on 10' 0" centers, giving a total of 30' 0" length of scaffolding and as each frame has a width of 5' 0", the test scaffold was 150 sq. ft. in area, two tiers high, using four 5' 0" high frames in each tier, making a total height of 10' 0".

The ultimate load reached was 32,008 lbs. at which load the 1/8 inch web members started to buckle and the top flange of the bearer member sagged. The test was discontinued at this point as the Committee did not wish to have the entire structure collapse and was of the opinion that structural failure had occurred at that load.

Evaluation of test results:

Imposed load on four frames 2 tier high: 31,000 lbs.

Tare Wt. (150 lbs. sq. ft. of 2" planks 5# sq. ft. = 750 lbs.)

8 Frames @ 50# ea. and 6 Braces @ 10# ea. = 460 lbs.

Total load carried on four frames: 32,210 lbs.

Load carried on each frame = $32,210 \div 4 = 8,050$ lbs.

The Committee set the least factor of safety that may be applied in construction of this nature at 2.5 for the live load and 2.0 for the dead load on the heavy duty scaffold and 2.5 for the live load and 1.5 for the dead load on the medium and light duty scaffolds.

Since this type of scaffolding is intended to replace timber scaffolding, the Committee is of the opinion that the allowable live loads shall be the same as allowed for timber scaffolding as set forth under the requirements of Rule 7.5.1 of the Demolition Rules of the Board. That is, 75 lbs. per sq. ft. for heavy duty scaffold the functions of which are defined under Rule 1.24.10; and 25 lbs. per sq. ft. for light duty scaffold the functions of which are defined under Rule 1.24.7.

In calculating the dead load or weight of each frame for the 5' 0" high frame, shall be 40 lbs., and the incidental bracing for the same shall be 10 lbs. the total weight of a 5' 0" frame shall be 50 lbs., and the total weight for a 10' 0" frame shall be 100 lbs., and the weight of planking 2" thick shall be 5 lbs. per sq. ft.

Computations for Heavy Duty Scaffold:

1. 7' 0" Bent Spacing - Area carried by 1 Bent = $7' \times 5' = 35$ sq. ft.

Live load = 35 sq. ft. x 75 lbs per sq. ft. = 2,625 lbs.

F of S of 2.5 = $2,625 \times 2.5 = 6,562$ lbs.

Planking = 35 sq. ft. x 5 lbs per sq. ft. = 175 lbs.

F of S of 2 = $175 \times 2 = 350$ lbs.

1 Frame 5" High = 50 lbs.

F of S of 2 = $50 \times 2 = 100$ lbs.

Total Live and Dead Load (frame and planking) = 7,012 lbs.

Usable remaining load that can be carried on frame:

$8,050 - 7,012 = 1,038$

Additional frames = $1,038 \div 100 = 10.38$

Theoretical height = 57'

2. 6' 0" Bent Spacing - Area carried by 1 Bent = $6' 0" \times 5' = 30$ sq. ft.

Live load = 30 sq. ft. x 75 lbs. per sq. ft. = 2,250 lbs.

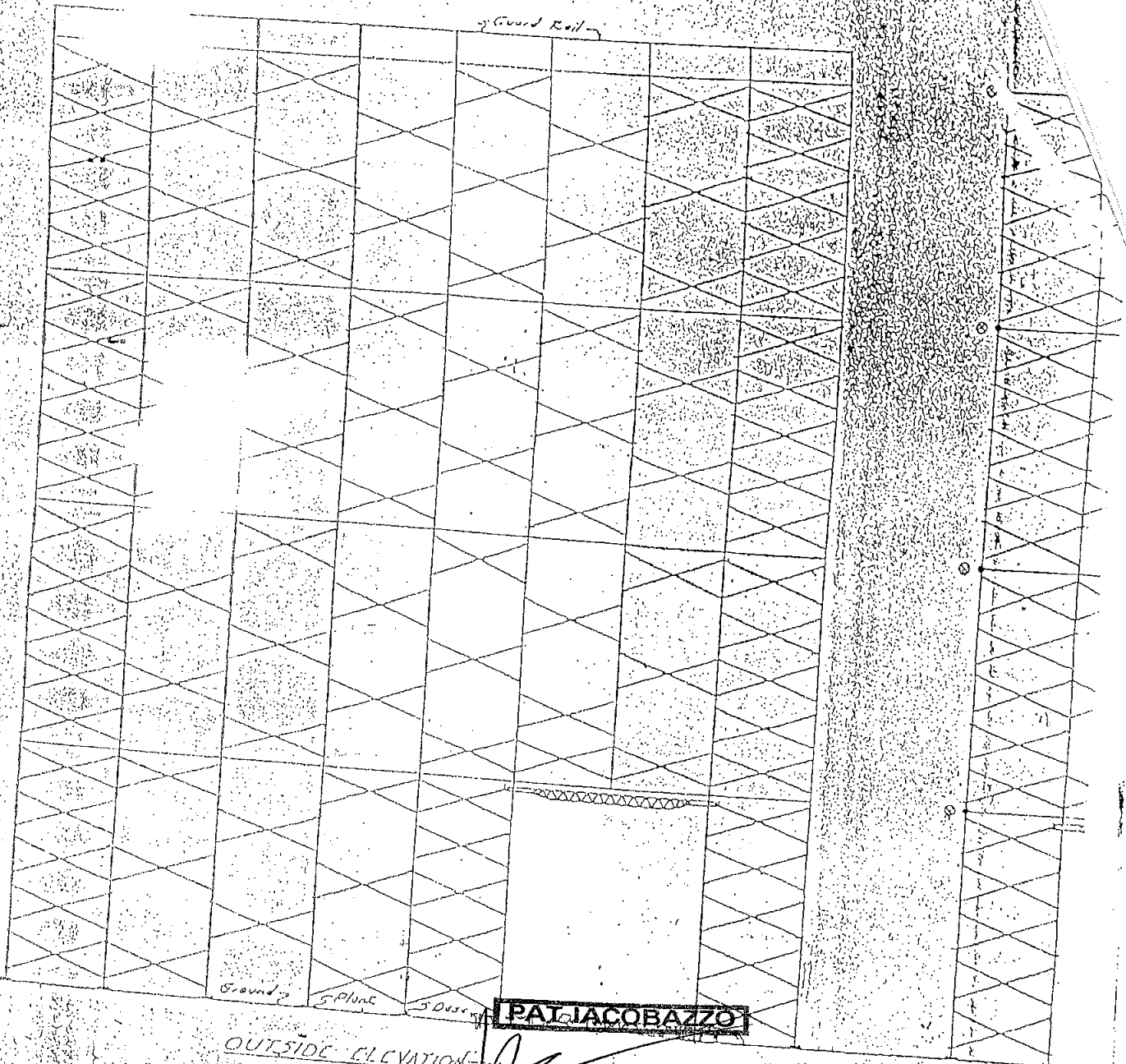
F of S of 2.5 = $2,250 \times 2.5 = 5,625$ lbs.

Planking = 30 sq. ft. x 5 lbs. per sq. ft. = 150 lbs.

F of S of 2.0 = $150 \times 2 = 300$ lbs.

A true copy of resolution adopted by the Board of Standards and Appeals June 19, 1951.

Printed in Bulletin No. 26, Vol. XXXVI.

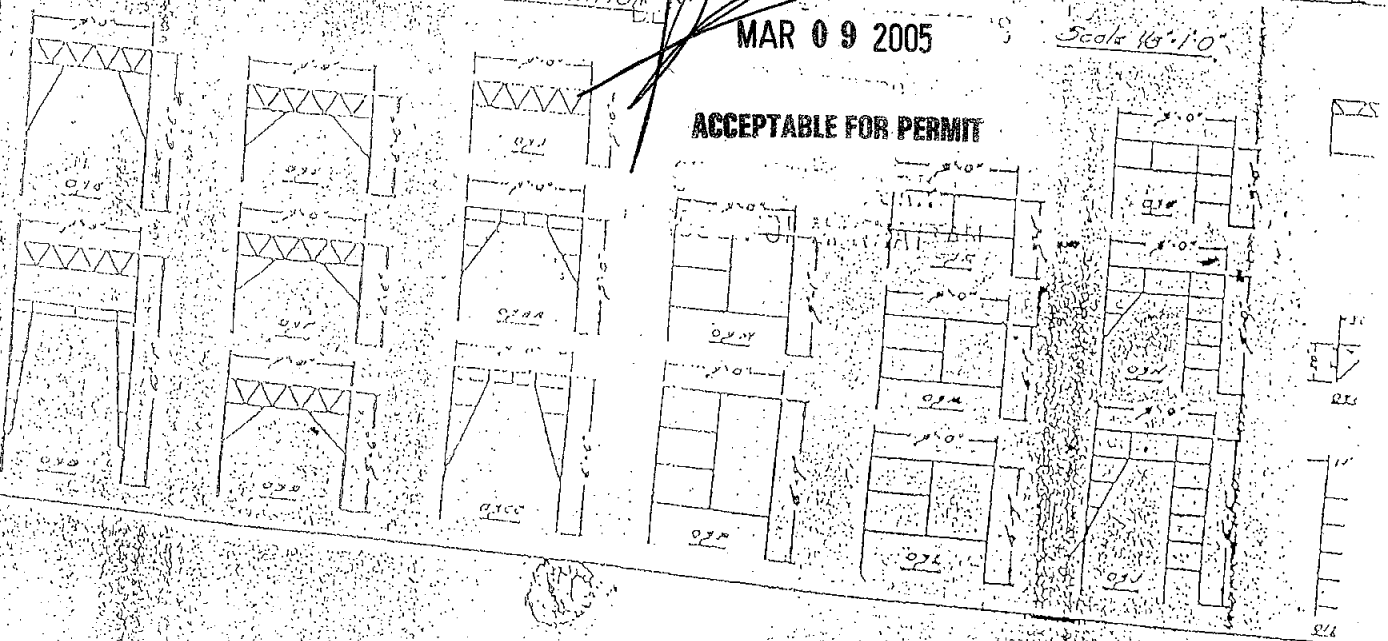


OUTSIDE ELEVATION

MAR 09 2005

Scale 1/4" = 1'-0"

ACCEPTABLE FOR PERMIT



THE CITY OF
NEW YORK

Plan/Work Approval Application

Application Must Be Typewritten

Internal Use

Job Number

102749279
DEPT. OF BLDGS.DEPARTMENT OF BUILDINGS
F2015-1

1 Filing Information		Subsequent Filing 2,3,4,5,7A,8,9,10	Job Number	Work Type Suffix
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Job Involves a change to the original Section <input type="checkbox"/> Job Involves a change to the original Presentation <input type="checkbox"/> I am the original applicant applying for additional approvals <input type="checkbox"/> I am a subsequent applicant taking responsibility for the items specified herein		Changes Amendment Reinstatement Withdrawal		

2 Location					
Borough	Manhattan	Block	1122	Lot(s)	37
House No(s)	8	Street Name	West 70 Street	Apt/Condo No(s)	
Special Place Name	Spanish & Portuguese Synagogue			Floor(s)	Sub Cellar - 3

3 Applicant		The following information represents a change to the original filing.			
Last Name	Aconsky	First Name	Leonard	M.I.	
Business Name	C/O Acotech Services, Inc.			Business Phone	718-721-0900
Address	25-53 38th Street			City	Long Island City
				State	NY
				Zip	11103
X	PE		RA		Other
				Lic. No.	432271

4 Filing Representative		Complete if different from applicant			
Last Name	Santiago	First Name	Manuel	M.I.	A
Business Name	Manuel Santiago, R.A.			Business Phone	212-967-5683
Address	325 West 38th Street			City	New York
				State	NY
				Zip	10018

5 Additional Consideration					
<input checked="" type="checkbox"/> Directive 14 Acceptance Requested	<input type="checkbox"/> Old Code Review Requested	<input type="checkbox"/> Initial Zoning	<input type="checkbox"/> Quality Housing	<input type="checkbox"/> Sign Safety Job	<input type="checkbox"/> Local Law 16 of 1994
Legalization of work done after 1/1/80		Application is being made to comply with:		Local Law 5 of 1973	

6 Initial Filing					
<input type="checkbox"/> New Building	8,9,10,18,19, Schedule A	Subdivision	8	Special Status, Limitations or Restrictions	
<input checked="" type="checkbox"/> Alteration	7	Imp. or Property		Restrictive Declaration	
<input type="checkbox"/> Demolition	8,9,10D	Unimproved Property		Landmark	
<input type="checkbox"/> Sign	7A,8,9,10A,12	Condominiums		BSA Calendar Number	
<input type="checkbox"/> Place of Assembly	11	Related Job Number		CPC Calendar Number	
		Other			

7 Alterations					
Indicate type of alteration and complete appropriate sections and schedules.					
Alteration - Type I		Changes to C of O. Complete 7A,8,9,10,15, Schedule A		Select One:	Now C of O
Change to:	Occupancy/Use	Room Change/Dwelling Units	Egress	Partial Demolition	
Enlargement	Horizontal	Vertical			
Alteration - Type II		Complete 7A and indicated sections and schedules.		Select One:	X
PL Plumbing	- 8, 10D, PW-1B	FB Fuel Burning	- 9, PW-1C	SP Sprinkler	- 9, 10A, 10B, 10C, 14, PW-1B
ME-Mech/HVAC	- 9, 10A	FS Fuel Storage	- 9, PW-1C	FA Fire Alarm	- 9, 14
BL Boiler	- 9, PW-1C	SD Steam Pipe	- 9, 10A, 10B, 10C, 14	FP Fire Suppression	- 9, 14
Alteration - Type III		Complete sections 7A,8 (C of O, CC, or OF work types only), 9, 10A, 10B, 10C, 10D			

Part A Job Description (Required for all alterations)	
Estimated Cost Total \$	\$25,000
Work Type Code	(Alteration Type II only) FA \$25,000
Voluntary Interior Fire Alarm And Smoke Detection For Area, Duct & Elevator Recall	
Alteration Jobs only: Proposed Additional Floor Area sq. ft. X Structural Stability will not be affected by this alteration.	

14 Fire Protection Equipment							
SP Sprinkler		Automatic		Non-Automatic		Entire	Partial
FA Fire Alarm System	X	Automatic		Non-Automatic	X	Entire	Partial
SD Standpipe						Entire	Partial
		Automatic		Non-Automatic		Entire	Partial

18 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street line and the portion of this lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the house Numbers and the Block and Lot Numbers. Indicate dimensions of total lot.

Private	Public	Legal Width
---------	--------	-------------

Legal Width

Description of Land and Premises			
The Zoning Lot on which the premises is located is bounded as follows:			
BEGINNING at a point on the	side of	distance	feet
of the corner formed by the intersection of	and		
running thence	feet thence		feet
thence	feet thence		feet
thence	feet thence		feet
thence	feet thence		feet
to the point of beginning			

[illegible]

ONLY TYPEWRITTEN
APPLICATIONS WILL
BE ACCEPTED

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Page 1 of 1

NOT AN ASBESTOS PROJECT

FOR OFFICE USE ONLY

102743279

DEPT. OF BLDGS.

NYC Dept. of Environmental Protection

NOTE: THIS FORM IS TO BE COMPLETED IF THERE IS NO FRIABLE ASBESTOS CONTAINING MATERIAL PRESENT OR IF THE TOTAL AMOUNT OF FRIABLE ASBESTOS CONTAINING MATERIAL IS 10 SQ. FEET OR LESS, OR 25 LINEAR FEET OR LESS, OR IF NORMALLY NONFRIABLE ACM (AS PER 40 PART 61.141) IS PRESENT IN ANY AMOUNT.

2. FACILITY ADDRESS 8 West 70th Street BORO Manhattan ZIP 10023
Spanish and Portuguese Synagogue 3. BLOCK # 1122 LOT # 38 and 37
 5. BUILDING OWNER Congregation Shearith Israel TEL # (212) 873 0300
 6. ADDRESS 3 West 70th Street STATE New York ZIP 10023
 7. CONTACT PERSON Dr. Alan M. Singer 8. TEL # (212) 873 0300

9. DESCRIPTION OF ENTIRE SCOPE OF WORK Installation of new fire detection system, requiring drilling of screw holes into plaster ceilings and walls for support brackets (Note: power drills will have HEPA vacuum attachments in areas having asbestos-containing wall plaster.)

10. ESTIMATED START DATE 11/15/99 ESTIMATED COMPLETION DATE 11/15/00 OF THE ENTIRE SCOPE OF WORK

11. William Silveri HAVE CONDUCTED AN ASBESTOS INVESTIGATION ON 11/4/99 IN ACCORDANCE WITH THE TYPE - Name of Asbestos Investigator DATE IN ACCORDANCE WITH THE PROCEDURES REQUIRED BY THE NYC DEP ASBESTOS CONTROL PROGRAM REGULATIONS AND DECLARE THAT AT SAID FACILITY ADDRESS, THE

- ☐ a. premises to be demolished are free of any asbestos containing material (ACM)
☐ b. premises to be demolished contain 10 square feet or less or 25 linear feet or less of friable ACM or of normally nonfriable ACM that demolition forces may make friable: all ACM shall be removed according to the NYS DOL ICR 56 or the NYC DEP Asbestos Regulations
☐ c. cumulative surfaces of relevant structure(s) affected by an alteration or plumbing repair are free of any friable ACM and free of normally nonfriable ACM that alteration or plumbing repair forces may make friable
☒ d. cumulative surfaces of relevant structure(s) affected by an alteration or plumbing repair contain 10 square feet or less or 25 linear feet or less of friable ACM or of normally nonfriable ACM that alteration or plumbing repair forces may make friable: removal as in b.
☐ e. normally nonfriable ACM shall be disturbed/removed in accordance with the NYS DOL ICR 56 or the NYC DEP Asbestos Regulations: Sq. Ft. _____
☐ f. friable ACM and/or normally nonfriable ACM will NOT be disturbed during alteration/plumbing repair/modification/renovation: Friable ACM Sq. Ft. _____ Lin. Ft. _____ Nonfriable ACM Sq. Ft. _____

12. COMPLETE AND THOROUGH ASBESTOS INVESTIGATION PERFORMED OF

STORY (include cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL FRIABLE SURFACING MATERIALS INCLUDING FRIABLE ACM AND NORMALLY NONFRIABLE ACM	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT	
				YES	NO
Subbasement	Entire; pipe insulation		3	X	
Basement	Entire; ceiling tile, wall/ceiling plaster, floor tile, pipe insulation		39	X	
Level 1	Entire; ceiling tile, wall/ceiling plaster, floor tile, pipe insulation		37	X	
Level 2	Entire; ceiling tile, wall/ceiling plaster, floor tile, pipe insulation		24	X	
Level 3	Entire; wall/ceiling plaster, floor tile, pipe insulation		29	X	
Level 4	Entire; wall/ceiling plaster, window glazing		3	X	
Roof	Entire; flashing, parapet tar, built-up roofing, transite		4	X	

13. NAME OF LABORATORY THAT ANALYZED SAMPLES Scientific Laboratories, Inc.

14. ELAP # 11490 NVLAP # 101904-1
 NYS DEPT. OF HEALTH CERTIFICATION U.S. DEPT. OF COMMERCE/NIST

15. DATE(S) SAMPLES ANALYZED 11/7, 10/99

AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE

16. William Silveri 11-10-99
 SIGNATURE OF NYC DEP-CERTIFIED ASBESTOS INVESTIGATOR DATE

17. # 71522
 NYC DEP ASBESTOS INVESTIGATOR CERTIFICATE NUMBER

NOTE: STORAGE, TRANSPORTATION AND DISPOSAL OF ASBESTOS CONTAMINATED WASTES ARE REGULATED BY THE NYC DEPARTMENT OF SANITATION (L170/85)

SEAL
 OF THE
 NYC DEP
 CERTIFIED
 ASBESTOS
 INVESTIGATOR



THE PIECEMEAL CARRYING OUT OF AN OPERATION TO AVOID COVERAGE BY A STANDARD THAT APPLIES ONLY TO OPERATIONS LARGER THAN A SPECIFIED SIZE IS A VIOLATION.

ACM = Asbestos Containing Material = Material Containing Greater than 1% Asbestos

ANY MODIFICATION OR VARIANCE FROM INFORMATION PROVIDED ON THIS FORM MUST BE REPORTED IMMEDIATELY IN WRITING DIRECTLY TO THE NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION ASBESTOS CONTROL PROGRAM / NYC DEPT. OF ENVIRONMENTAL PROTECTION, 59-17 JUNCTION BLVD. - 8th FLOOR, ELMHURST, NEW YORK 11373-5107

NYC DEPARTMENT OF BUILDINGS
PRE-FILING CHECKLIST - PC FILING PILOT PROJECT

8/10/00

Version 1.9a

JOB NUMBER: P2015-1

LOCATION: MANHATTAN, 8 WEST 70 STREET

JOB TYPE: ALTERNATION 2

WORK TYPE(S)

PA \$25,000.

BUILDING TYPE: OTHER

DIRECTIVE 14

FEE EXEMPT

EQUIPMENT INSTALLATION

ESTIMATED TOTAL COST: \$25,000.

JOB DESCRIPTION:

Voluntary Interior Fire Alarm And Smoke Detection For Area,
Duct & Elevator Recall

PLANS FILED: ZO AR ST ME PL POPE - 432271Acq 5

102745279
DEPT. OF BLDGS.

08/23/00 ***** PRE-FILING - INITIAL - FEE DATA ***** BISPPF16
 11:49:28.4
 PRE-FILE ID: EWP PRE-FILING NO.: 102749279 JOB TYPE: ALT2
 PREMISE: MANHATTAN 8 WEST 70 STREET
 PC FILED - DIRECTIVE 14

.... FA : 25000
 TOT. EST. COST= 25000 => FEES= 346

: BUILDING TYPE: OTHER
 : FEE STATUS: EXEMPT
 : COMPUTED TOTAL FEE: 346.00
 : MINIMUM REQUIRED PAYMENT: 346.00
 : COMPUTED CIVIL PENALTY: 0.00

: THE JOB NO. WILL BE: => 102749279
 : THE PRE-FILING DATE IS: => 08/23/2000
 : THE WORK TYPE SUFFIX(ES) IS:
 : PL MH BL FB
 : FS FP SD SP
 : X FA EQ CC DT

W.A.
8/23/00

IF ASBESTOS JOB ENTER FEE =====> \$1200 \$800 \$400 \$200 X \$15
 MODIFY PRE-FILING DATE IF OTHER THAN THIS DATE, FORMAT IS MM/DD/YYYY.

=====

PF1 =PREV PF2 =MAIN PF3 =REJECT PF4 =RECALCULATE ENTER = UPDATE

Page: 1 Document Name: untitled

***** NEW YORK CITY *****
 *** DEPARTMENT OF BUILDINGS ***

R E C E I P T

INVOICE #: 10565344 DATE: AUGUST 23 2000 TIME: 2:01 P.M.

TOTAL PAYMENT RECEIVED: 15.00

PAYMENT: 15.00

PAYMENT: 0.00

CHECK #: 1758

FOR: PAYMENT - ASBESTOS

JOB #: 102749279 01
 8 WEST 70 STREET

RECEIVED FROM: MANHATTAN BOROUGH OFFICE

STATION: 04
 00051 ASBREP 00250 AB

Date: 8/23/00 Time: 02:00:47 PM

Page: 1 Document Name: untitled

* 14:00 THE CITY OF NEW YORK
 * DEPARTMENT OF BUILDINGS MANHATTAN BOROUGH OFFICE
 * I-N-V-O-I-C-E

* >>>>>>>>> INVOICE NO.: INVOICE DATE: // <<<<<<<<<<<

* JOB NO/TYPE 102749279 01 ALT2 OTHER THAN 1,2,3 FAMILY
 * APPLICANT

* PREMISE MANHATTAN 8 WEST 70 STREET
 * APT NO./CONDO
 * FLOOR TO
 * BLOCK 01122 LOT(S) 00037 BIN 1028510

* >>>>> FEE EXEMPT <<<<<<
 * TOTAL FEE 0.00 -----
 * PAYMENT RECEIVED 0.00
 * CC IF FILED 0.00 0.00
 * BALANCE DUE 0.00
 * --ASBESTOS PAYMENT 0.00 0.00 0005100250ASBREPAB
 * --CIVIL PENALTY 0.00 -----

BALANCE DUE MAY BE SUBJECT TO CHANGE, EXCEPT PAYMENT FOR C/O

Date: 8/23/00 Time: 01:59:46 PM

6 Work Types Submitted				7 Plans Submitted								
PL	Plumbing	PW-15		SP	Sprinkler	- 14, P. 15		ZO	Zoning	X	ME	Mechanical
AM	Mach/HVAC		X	FA	Fire Alarm	- 14		AR	Architectural		PL	Plumbing
BL	Boiler	PW-10		EQ	Construction Equip.	- 15		ST	Structural		FO	Foundation
FB	Fuel Burning	PW-10		FP	Fire Suppression	- 15		NP	No Plans			
FS	Fuel Storage	PW-10		CC	Curb Cut	- 7A, Indicate total linear feet						
SD	Standpipe	- 14		OT	Other	- Description						

10 Building Characteristics

Part A			
Zoning District(s)		Special District Name	
		Map Number	
Part B Occupancy Classification			
Ex	Pr	Class	Name
		A	Assembly (Churches, Concert Halls)
		B-1	Assembly (Outdoors)
		B-2	Assembly (Museums)
		C	Assembly (Restaurants)
		D-1	Education
		D-2	Institutional (Restrained)
		E	Institutional (Incapacitated)
		F-1a	Residential (Hotels)
		F-1b	Assembly (Churches, Concert Halls)
		F-2	Assembly (Outdoors)
		F-3	Assembly (Museums)
		F-7	Assembly (Restaurants)
		G	Education
		H-1	Institutional (Restrained)
		H-2	Institutional (Incapacitated)
		J-1	Residential (Hotels)
		J-2	Residential (Apartment Houses)
		J-2	Single Family Dwelling
		J-3	Residential (1 and 2 Family Houses)
		K	Miscellaneous
			Old Code - Public Buildings
			Old Code - Residential Buildings
			Old Code - Commercial Buildings

Multiple Dwelling Classification (Required for all J-1 and J-2 classifications)

Part C Construction Classification

Ex	Pr	Non-Combustible	Ex	Pr	Combustible	Ex	Pr	Old Code
		IA 4 Hour Protected			II-A Heavy Timber			1 Fireproof Structures
		IB 3 Hour Protected			II-B Protected Wood Joist			2 Fire-protected Structures
		IC 2 Hour Protected			II-C Unprotected Wood Joist			3 Non-fireproofed Structures
		ID 1 Hour Protected			II-D Protected Wood Frame			4 Wood Frame Structures
		IE Unprotected			II-E Unprotected Wood Frame			5 Metal Structures
								6 Heavy Timber Structures

Part D

Number of Stories	Ex	Pr	Fire Protection Equipment	Voluntary	Required
Street Frontage Dimension (Demolitions only)			Standpipe		
Number of Dwelling Units			Sprinkler		
			Fire Alarm System		

Part E


Site Area Characteristics		Open Spaces	
Hard/Fresh Water/Wetlands	Flood Plains	Loading Berths	Parking
Green Retention	Fire District	sq. ft.	sq. ft.
Total Gross Floor Area of Building	sq. ft.	Number of Parking Spaces	Loading Berths

11 Place of Assembly

Proposed Number of Patrons	Old PA Number
Lessee or Individual Responsible for Annual Permit Renewal	
Last Name	First Name
Business Name	Business Phone
Address	City
	State
	ZIP

12 Signs

Type of Sign	Select One	Height	Weight
Ground	Ground	ft.	lbs.
Wall	Wall	in.	
Roof	Roof		
Roof sign is tight, closed or solid			
Projection beyond the Building Line			
Lessee or Individual Responsible for Annual Permit Renewal			
Last Name	First Name	M.I.	
Business Name	Business Phone		
Address	City	State	ZIP

Statements and Signatures		Owner's Statements	
Applicant's Statement: All applicants must complete and sign below. <input checked="" type="checkbox"/> I prepared or supervised the preparation of the plans and specifications herewith submitted and in the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations. <input type="checkbox"/> except as set forth in the accompanying documents.		<input checked="" type="checkbox"/> I have authorized the applicant to file this application for the work specified herein and all future amendments.	
Tract Housing Statement: Complete if applicable and sign below. Reference Job Number: _____ I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.		Owner's Certification Regarding Occupied Housing Accommodations: 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 control under Chapter 3 of Title 26 of the Administrative Code. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Applicant: <input checked="" type="checkbox"/> I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.		The owner has notified 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____	
Name <u>Leonard Aconsky</u> Date <u>7/28/00</u> Signature <u>[Signature]</u> Seal (P.E. or R.A.) <u>[Seal]</u>		Fees Exemption Request Statement: <input checked="" type="checkbox"/> In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.	
		Owner: Type of Ownership: <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government	
		Last Name <u>Singer</u> First Name <u>Alan</u> M.I. <u>M</u>	
		Title <u>Executive Director</u>	
		Business Name/Agency <u>Congregation Shearith Israel</u>	
		Address <u>8 West 70th Street</u>	
		City <u>New York</u>	
		State <u>NY</u> ZIP <u>10023</u> Phone <u>212-873-0300</u>	
		Name of Signator <u>Alan M. Singer</u>	
		Relationship to Building Owner <u>Executive Director</u>	
		Signature <u>[Signature]</u> Date <u>8/9/00</u>	
If Corporation, name of second officer: _____ Last Name _____ First Name _____ M.I. _____ Title _____ Address _____ City _____ State _____ ZIP _____ Phone _____			
Falsification of any statement is a misdemeanor under Section 26-124 of the 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.			

Internal Use		Approvals	
Application Complete for Filing and Fee Estimation Amount Due: _____ Cost Estimate (if different from applicant): _____ Pre-Fict Name: _____ Date: _____ Initial Amount Paid: _____ Verified By: _____ Date: _____ Balance Paid: _____ Verified By: _____ Date: _____ Stamps and Certifications: _____		Examiners and Recommended for Approval Approved for: <input type="checkbox"/> Foundation <input type="checkbox"/> Earthwork Only Examiner Name: _____ Examiner Signature: _____ Date: _____ Limitation(s): (To appear on permit) <u>CYRIL BEHARRY</u> <u>SEP 14 2000</u> <u>RECORDED FOR RECORD</u> <u>UNDER DIRECTIVE NO. 14/1573</u>	
		Other Approvals Examiner Name: _____ Examiner Signature: _____ Date: _____ Approved: _____ Borough Superintendent Signature: _____ Date: _____	

M25-65 (1-10-75) 102 (17)

FIRE DEPARTMENT - CITY OF NEW YORK
BUREAU OF FIRE PREVENTION
ELECTRICAL UNIT-ROOM 427
250 Livingston Street, Brooklyn, N.Y. 11201-5884
TELEPHONE (718) 403-1258

APPLICATION FOR PLAN EXAMINATION
PRINT OR TYPE

Date: 8-3-00

Ref. No.:

M-151-00
(F.D. Use Only)

- ☐ Original
☐ Resubmission

NOTICE: All questions must be answered.

1. Premises B W 70 St. Borough of MANHATTAN Zip 10023
Owned by SHEARITH ISRAEL Owner's Address B W 70 St Boro M Zip
Occupied by SYNAGOGUE Used as COMMUNITY CTR

Occupancy Classification		
Class	Name	Class Name
A	High Hazard	F-1b Assembly (Churches, Concert Halls)
B-1	Storage (Moderate Hazard)	F-2 Assembly (Outdoors)
B-2	Storage (Low Hazard)	F-3 Assembly (Museums)
C	Mercantile	F-4 Assembly (Restaurants)
D-1	Industrial (Moderate Hazard)	G Education
D-2	Industrial (Low Hazard)	H-1 Institutional (Restrainted)
E	Business	H-2 Institutional (Unrestrained)
F-1a	Assembly (Theaters)	J-1 Residential (Hotels)
		J-2 Residential (Apartment Houses)
		J-2 Three Family Dwelling
		J-3 Residential (1 and 2 Family Houses)
		K Miscellaneous

3. Number of Stories 4 NOTE: For new bldgs., all or mixed occupancies submit Department of Buildings Schedule A

4. Height of Building 50'5. PLEASE CHECK ALL BOXES WHICH APPLY. Character of Work ☐ New ☐ Alteration ☐ Repair

Type of systems filed for:

- ☐ Class C LL-16 ☐ Carbon Dioxide ☐ Modified Class E ☐ Modified Class J-1
☐ Class J LL-16 ☐ LL No. 41 ☐ Mini Class E ☐ Class G
☐ Master Coded I.F.A. ☐ Central Office Connection ☐ Advisory E ☐ Standpipe Fire Signal System
☒ Individually Coded I.F.A. ☐ Oxygen Alarm ☐ P/Wire Aero-Tubing
☐ Sprinkler Alarm ☐ Class E ☐ Stair Pressurization
☒ Smoke Detector For AREA DUCT & ELEV. RECALL ☐ Heat Detector For

6. Building Department Application No. List Other Systems Here:
(N.B., PW. 1)

7. Specific section of Code under which this system is to be installed VOLUNTARY8. Specific Reference Standard under which this system is to be installed RS-17-3

NOTE: Falsification of any statements made herein is an offense punishable by fine or imprisonment, or both. Penalty for falsification (N.Y.C. Admin. Code Section 10.154.)

Installation must be made by Licensed Electrical Contractor, who shall file Application A433 before work commences. All approvals subject to field inspection and test.

The Floor Plans, if not enclosed, must be picked up at N.Y.C. Fire Department, 250 Livingston Street, Brooklyn, N.Y. 11201, Room 427 by presenting the Application within 10 days of this date. These stamped Plans, or copy, shall be available on job site at time of their inspection. Acceptance of this application DOES NOT waive any requirement of Law, Code, Regulation, or Directive.

Applicant's Name L. Bronsky 40Business Address Acotech Services Inc 2553 28 St LIC N.Y. 11103Telephone Number 718-721 0900 Prepared by [Signature]

BUREAU OF FIRE PREVENTION

Accepted

EXAMINER - E.D.H.Y.

SEP 11 2000

APPROVAL

SUBJECT TO INSPECTION

EXAMINED FOR COMPLIANCE WITH SUB-CHAPTER 17 ARTICLE 5 BLDG CODE ONLY
APPLICANT IS RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE BLDG CODE REFERENCE STANDARD



Plan / Work Approval Application

Application must be typewritten

010466

Internal Use

Job Number

104427666

(Affix Label)

1 Filing Status Select one and complete sections indicated			
<input type="checkbox"/> Initial Filing 2,3,4,5,6		<input checked="" type="checkbox"/> Subsequent Filing 2,3,4,5,7A,8,9,16	
Job involves a development project.		Job Number 104427666	
Job involves tract housing/cluster.		Work Type Suffix / PL	
Additions		<input checked="" type="checkbox"/> Changes	
Number of buildings		<input checked="" type="checkbox"/> Amendment	
Project Name		Reinstatement	
Project I.D. RESERVED FOR D.O.B.		Withdrawal	
I am the original applicant applying for additional approvals.			
I am a subsequent applicant taking responsibility for the items specified herein.			

2 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	EIN
House No(s) 6	Street Name WEST 70TH STREET	Apt/Condo No(s).	C.B. No. 107
Special Place Name BEIT RABBAN DAY SCHOOL	Floor(s) 1ST & 2ND		

3 Applicant			
The following information represents a change to the original filing			
Last Name CIARDULLO	First Name JOHN	MI J.	
Business Name JOHN CIARDULLO ASSOCIATES, P.C.	Business Phone (212) 245-0010		
Address 221 West 57th Street, 9th floor	City New York	State NY	ZIP 10019
PE <input checked="" type="checkbox"/> RA <input type="checkbox"/> Other <input type="checkbox"/>	Lic. No. 10466		

4 Filing Representative Complete if different from applicant.			
Last Name JIMENEZ	First Name IRIS	MI	
Business Name J.M.V. ASSOCIATES, LLC	Business Phone (718) 631-0006		
Address 39-29 Bell Blvd., suite # 4	City Bayside	State NY	ZIP 11361

5 Additional Considerations			
Directive 14 Acceptance Requested	Old Code Review Requested	Infill Zoning	Quality Housing
Legalization of work done after 1/1/89	Application is being made to comply with:		Local Law 5 of 1973
			Local Law 16 of 1984

6 Initial Filing Complete sections and schedules indicated to the right of only one selected job type.			
New Building	8,9,10,15,16, Schedule A	Subdivision: 9	Special Status, Limitations or Restrictions
Alteration	7	Improved Property	Restrictive Declaration: Landmark Single Room Occupancy
Demolition	8,9,10D	Unimproved Property	BSA Calendar Number
Sign	7A,8,9,10A,12	Condominiums	Page No. CPC Calendar Number
Place of Assembly	11	Related Job Number:	Other:

7 Alterations Indicate type of alteration and complete appropriate sections and schedules.			
Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A		Select One:	New C of O
Change to:	Occupancy/Use	Room Count/Dwelling Units	Egress
Enlargement:	Horizontal	Vertical	Partial Demolition
Alteration - Type II Complete 7A and indicated sections and schedules.		Select One:	Equipment Installation
PL Plumbing - 9,10D,PW-1B	FB Fuel Burning - 9,PW-1C	SP Sprinkler - 9,10A,10B,10C,14,PW-1B	EQ Construction Equip. - 13
ME Mech/HVAC - 9,10A	FS Fuel Storage - 9,PW-1C	EA Fire Alarm - 9,14	OT Other - 9, Describe below:
BL Boiler - 9,PW-1C	SD Standpipe - 9,10A,10C,11	FP Fire Suppression - 9,14	
Alteration - Type III Complete sections 7A,8 (EQ,CC, or OT work types only), 9,10A,10B,10C,10D			

Part A Job Description (Required for all alterations)			
Estimated Cost Total \$	Work Type Costs (alteration Type II only)	\$	\$
SEE SECTION 16.			
Alteration Job only: Proposed Additional Floor Area 0 sq. ft. X Structural stability will not be affected by this alteration.			

8 Work Types Submitted						9 Plans Submitted									
<input checked="" type="checkbox"/>	PL	Plumbing	-	PW-1B		SP	Sprinkler	-	14, PW-1B		ZO	Zoning	-	ME	Mechanical
	MH	Mech/HVAC	-			FA	Fire Alarm	-	14		AR	Architectural	-	PL	Plumbing
	BL	Boiler	-	PW-1C		EQ	Construction Equip.	-	13		ST	Structural	-	FO	Foundation
	FB	Fuel Burning	-	PW-1C		FP	Fire Suppression	-	14		NP	No Plans	-		
	FS	Fuel Storage	-	PW-1C		CC	Curb Cut	-	7A, Indicate total linear feet:				-		
	SD	Standpipe	-	14		OT	Other	-	Description:				-		

10 Building Characteristics											
Part A											
Zoning District(s) R-10A				Special District Name				Map Number 8C			
Part B Occupancy Classification											
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				
Multiple Dwelling Classification (required for all J-1 and J-2 classifications)											
Part C Construction Classification											
Ex	Pr	Non-Combustible		Ex	Pr	Combustible		Ex	Pr	Old Code	
		I-A	4 Hour Protected			II-A	Heavy Timber			1	Fireproof Structures
		I-B	3 Hour Protected			II-B	Protected Wood Joist			2	Fire-protected Structures
		I-C	2 Hour Protected			II-C	Unprotected Wood Joist			3	Non-fireproofed Structures
		I-D	1 Hour Protected			II-D	Protected Wood Frame			4	Wood Frame Structures
		I-E	Unprotected			II-E	Unprotected Wood Frame			5	Metal Structures
										6	Heavy Timber Structures
Part D											
Number of Stories 3				Ex	Pr	Fire Protection Equipment				Voluntary	Required
Street Frontage Dimension (Demolitions only)						Standpipe					
Height 40'-0"						Sprinkler					
Number of Dwelling Units NA						Fire Alarm System					
Part E											
Site Area Characteristics						Open Spaces					
Tidal/Fresh Water Wetlands		Flood Plains		Loading Berths		sq. ft.	Plaza		sq. ft.		
Urban Renewal		Fire District		Parking		sq. ft.	Arcade		sq. ft.		
Total Gross Floor Area of Building				sq. ft.	Number of: Parking Spaces				Loading Berths		

11 Place of Assembly			
Proposed Number of Persons		Old PA Number	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		Title	
City		Business Phone ()	
State		ZIP	

12 Signs			
Select One:		Illuminated	
Type of Sign:		Non-Illuminated	
Ground		Wall	
Roof		Roof Sign is tight, closed or solid	
Height above roof level		Weight	
ft. in.		lbs.	
Projection Beyond the Building Line		Total Square Footage of Sign	
ft. in.		sq. ft.	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		Title	
City		Business Phone ()	
State		ZIP	

13 Construction Equipment

Sidewalk Shed	Scaffold	Chute	Fence	Other:
Material of Construction		BSA/MEA Approval Number		Sidewalk Shed/Linear Feet

14 Fire Protection Equipment

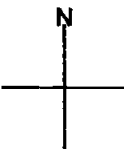
SP Sprinkler	Automatic	Non-Automatic	Entire	Partial
FA Fire Alarm System	Automatic	Non-Automatic	Entire	Partial
SD Standpipe	Automatic	Non-Automatic	Entire	Partial

15 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status

Private	Public	Legal Width
---------	--------	-------------



Description of Land and Premises

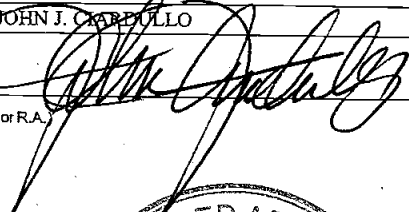
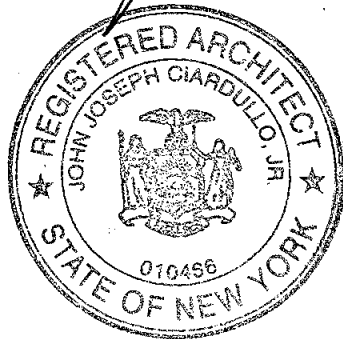
The Zoning Lot on which the premises is located is bounded as follows:

BEGINNING at a point on the	side of	distant	feet
of the corner formed by the intersection of			
running thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
to the point of beginning.			

16 Comments

For New Buildings - Ultimate Number of Stories proposed:

RESPECTFULLY REQUEST APPROVAL TO AMEND SCHEDULE B TO INDICATE UNDERGROUND PLUMBING WORK. AMENDED SCHEDULE B SUBMITTED HEREWITH.

Statements and Signatures	
Applicant's Statements All applicants must complete and sign below <input checked="" type="checkbox"/> I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations, <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> except as set forth in the accompanying documents.	Owner's Statements <input checked="" type="checkbox"/> I have authorized the applicant to file this application for the work specified herein and all future amendments.
Owner's Certification Regarding Occupied Housing Accommodations 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 control under Chapter 3 of Title 26 of the Administrative Code.	
<div style="display: flex; justify-content: space-between;"> Yes <input checked="" type="checkbox"/> No </div>	
The owner has notified 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].	
<div style="display: flex; justify-content: space-between;"> Yes <input checked="" type="checkbox"/> No Date DHCR notified: </div>	
Tract Housing Statement Complete if applicable and sign below Reference Job Number <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.	
Applicant <input checked="" type="checkbox"/> I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.	
Name <u>JOHN J. GIARDULLO</u> Date <u>1/30/07</u> Signature  Seal (P.E. or R.A.) 	
Falsification of any statement is a misdemeanor under Section 26-124 of the 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.	
Fee Exemption Request Statement <input checked="" type="checkbox"/> In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used <u>exclusively</u> for the purposes indicated in such section.	
Owner Type of Ownership <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Government </div>	
Last Name <u>SINGER</u> First Name <u>ALAN</u> M.I. <u></u> Title <u>EXECUTIVE DIRECTOR</u> Business Name/Agency <u>CONGREGATION SHEARITH ISRAEL</u> Address <u>8 West 70th Street</u> City <u>New York</u> State <u>NY</u> ZIP <u>10023</u> Phone (212) <u>873-0300</u> Name of Signor <u>ALAN SINGER</u> Relationship to Building Owner <u>EXECUTIVE DIRECTOR</u> Signature _____ Date _____	
If Corporation, name of second officer Last Name _____ First Name _____ M.I. _____ Title _____ Address _____ City _____ State _____ ZIP _____ Phone () _____	

Internal Use	
Application Complete for Filing and Fee Estimation Amount Due Cost Estimate (If different from applicant) Pre-Filer Name <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> Date Initial Amount Paid Verified By <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> Date Balance Paid Verified By <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div> Date Stamps and Certifications:	Approvals Examined and Recommended for Approval <div style="display: flex; justify-content: space-between;"> Approved for Foundation Earthwork Only </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Examiner Name Examiner Signature Date </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Limitation(s) (To appear on permit) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Other Approvals Examiner Name Examiner Signature Date </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Approved Borough Superintendent Signature Date </div>



Page ____ of ____

Schedule B
Plumbing/Sprinkler/Standpipe
 For Plumbing, Sprinkler, & Standpipe Installations/Repairs
 Please File 3 copies
 Application Must Be Typewritten
 (See Instructions)

Job Number

104427666

(Affix Label)

1 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN C.B. No. 107
House No(s) 6	Street Name WEST 70TH STREET	Floor(s) Underg., 1ST & 2ND	

2 Installation Costs		
Work type costs:	PL: \$ 30,0000	SP: \$ SD: \$

3 Additional Considerations		Check this box if no components are typed in section 10 of this form	
Made to Remove Violation	Violation Number(s):	Complete revision	Changes/additional components

4 Drainage Information (required for all New Buildings)							
Storm Drainage Discharges into:				Sanitary Drainage Discharges into:			
Storm Sewer	Combined Sewer	Private Disposal	Sanitary Sewer	Combined Sewer	Private Disposal		

5 Sewer Work (check all that apply)		
SD1,2,3	Site Connection	Septic Tank

6 Cap/remove/replace/relocate (components)	Cap or remove	Replace	Relocate	Describe all below:

7 Gas and Gas Equipment Data	
Gas Piping Involved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Gas Fired Equipment:	
Gas meters/risers data (check off below all that apply. Check off types of gas usage for any listed meters /risers).	
Total Meters:	Location(s) (Floor/Apt. -- list all that apply for this application):
Total Risers:	Location(s) (Floor/Apt. -- list all that apply for this application):
Gas usage:	<input type="radio"/> Heat <input type="radio"/> Boiler Pilot for oil burner <input type="radio"/> Water Heater <input type="radio"/> Dryer <input type="radio"/> Cooking <input type="radio"/> Tankless Coil <input type="radio"/> HVAC <input type="radio"/> Fire Place <input type="radio"/> Other (describe):

8 Sprinkler Totals		Total number of sprinkler heads typed on back of form:
Water not off the domestic water supply	Water off the domestic water supply	Related PL job # of domestic water connection:

9 Statements and Signatures		Sign-off FOR INTERNAL USE ONLY
I hereby state that the information on this form is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the 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 hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the New York City Department of Buildings.
Applicant Name JOHN CIARDULLO		<input type="checkbox"/> Sign off for _____ (define worktype/s)
Signature		Inspector's Name (print)
Date 1/23/07		Badge #
		Signature
		Date

Revised 12/31/03 PW-1B

10 Equipment Information (for new work only)		Floors - Indicate # of proposed components and/or X for piping											
System (work type)	Piping/Equipment/Fixture Components	UDG	OSP	1st									
Sprinkler (SP)	* P Sprinkler Piping - Dry												
	* P Sprinkler Piping - Wet												
	* E Dry Pipe Valve												
	* E Booster Pump - SP												
	F Floor/Riser Control Valve												
	F Siamese FDC												
	F Sprinkler Heads												
Sprinkler (PL)	* P Sprinkler Piping Wet												
	F Sprinkler Heads (thirty or less)												
Fire Standpipe (SD)	* P Standpipe Piping												
	* E Fire Pump												
	* E Booster Pump - SD												
	F Floor/Riser Control Valve												
	F Hose Cabinet/Rack/Valve												
	F Siamese FDC												
Water/San. (PL)	* P Sanitary Piping (Soil & Venting)		X										
	* P Water Piping		X										
	P Water Service Piping												
	E Sewer Ejection Pump												
	F Bathtubs/Whirlpools/Hot Tub/Sauna												
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain												
	F Grease Trap/Oil Separator												
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)			4									
	F Laundry - Standpipe												
	F Pool												
	F RPZ/Backflow Preventer												
	F Sink - Non Residential												
	F Sink - Residential												
	F Stall Shower												
	F Tankless Coil												
	F Toilet (Water Closet)			2									
	F Urinal												
F Washing Machine													
F Water Heater (Non-Gas)													
Storm (PL)	* P Storm Drainage Piping												
	E Sump Pump												
	F Area/Yard Drain												
	F Detention Tank												
	F Dry Well/Retention												
Gas (PL)	* P Gas Piping												
	E Emergency Shut-off Valve												
	* E Fire Suppression Shut-off Valve												
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)												
	F Cooking Equipment (residential)												
	F Gas Boiler (<350K, non-comm, <6fam)												
	F Gas Burner												
	F Gas Dryer												
	F Gas Furnace												
	F Gas Meter												
Medical (PL)	* P Medical Gas Piping												
	E Assorted Medical Equipment												

" * " Indicates Test may be required.

Revised 12/31/03 PW-1B



THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS

<http://www.nyc.gov/buildings>

X
MANHATTAN (1)
280 BROADWAY 3RD FLOOR
New York, NY 10007

BRONX (2)
1932 ARTHUR AVENUE
BRONX, NY 10457

BROOKLYN (3)
210 JORELOMON STREET
BROOKLYN, NY 11201

QUEENS (4)
120-65 QUEENS BLVD.
QUEENS, NY 11424

STATEN ISLAND (5)
BORO HALL - ST. GEORGE
STATEN ISLAND, NY 10301

DOB Application # 104427666	Examiner: FRANTZ JEANNITE	Date: 5/10/06
	Application Type: Directive 14	Doc (s):
	Address / Location: 6 West 70 th street manhattan	Block: 1122
	Zoning District: R10A	Lot: 37

Examiners Signature: 

To discuss and resolve these objections, please call 311 to schedule an appointment with the Plan Examiner listed above. You will need the application number and document number found at the top of this objection sheet. To make the best possible use of the plan examiner's and your time, please make sure you are prepared to discuss and resolve these objections before your scheduled plan exam appointment.

Obj. #	Doc #	Section of Code	Objections	Date Resolved	Comments
1.			1) Provide DOT approval for proposed work.	6/30/06	
2.			2) Proposed scope of work seems to affect egress and is therefore contrary to Dir.14.	6/30/06	
3.			3) clarify proposed height of fence in district.	6/30/06	
4.			4) Provide LANDMARK Letter of Approval & perforated Drawings.	8/16/06	Taf
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

TAHMINA BAI

AUG 16 2006

ACCEPTABLE FOR PERMIT
UNDER DIRECTIVE NO. 14



THE NEW YORK CITY LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET 9TH FLOOR NORTH NEW YORK, NY 10007
TEL: 212 669-7700 FAX: 212 669-7780



PERMIT

CERTIFICATE OF APPROPRIATENESS

ISSUE DATE: 07/18/06	EXPIRATION DATE: 07/13/2009	DOCKET #: 070268	COFA #: COFA 07-0285
ADDRESS 10 WEST 70TH STREET HISTORIC DISTRICT UPPER WEST SIDE-CPW		BOROUGH: MANHATTAN	BLOCK/LOT: 1122 / 37

Display This Permit While Work Is In Progress

ISSUED TO:

Alan Singer
Executive Director
Congregation Shearith Israel
8 West 70th Street
New York, NY 10023

Pursuant to Section 25-307 of the Administrative Code of the City of New York, the Landmarks Preservation Commission, at the Public Meeting of July 11, 2006, following the Public Hearing of the same date, voted to approve a proposal to install a trailer and a fence at the subject premises, as put forward in your application completed on June 15, 2006, and as you were informed in Status Update Letter 07-0182 issued on July 11, 2006.

The work, as approved, consists of replacing the non-historic 8'-0" wood fence with a new 10'-0" painted wood fence, in the same location; and installing a one-story trailer, which will be located 15'-0" behind the fence; as shown in four mounted presentation boards (undated), prepared by John Ciardullo Associates, PC, existing condition photographs, proposed condition montages, and paint samples (Forest Berry SW 2300 and Pediment SW 2011), all submitted as components of the application and presented at the Public Hearing and Public Meeting.

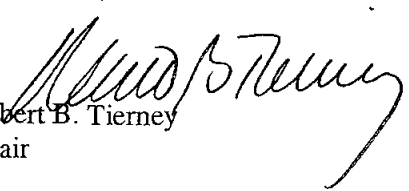
In reviewing this proposal, the Commission noted that the Upper West Side/Central Park West Historic District designation report describes 10 West 70th Street as a vacant lot. The Commission further noted that Status Update Letter 06-6545 was issued on March 14, 2006, for the demolition of the existing Community House building (8 West 670th Street) and the construction of a new building on the site of the former Community House as well as the adjacent vacant lot (10 West 70th Street). The Commission finally noted that the trailer and fence are a temporary installation which will be removed upon commencement of the construction of the previously-approved building.

With regard to this proposal, the Commission found that the removal of the existing, non-historic wood fence will not eliminate any significant historic fabric from this vacant lot; that the height and location of the replacement fence will maintain the consistency of the streetwall plane; that the painted finish for the wood fence, as well as the rectilinear scoring, will help it to harmonize with the sandstone and limestone cladding of the adjacent Community House; that the proposed one-story trailer, which will be set back from the streetwall plane and will be located behind the proposed replacement fence, will not call undue attention to itself; and that, since only the uppermost portion of the northern end of the proposed trailer will be visible from the street, it will not detract from the special architectural and historic character of the streetscape or the historic district. Based on these findings, the Commission determined the work to be appropriate to the streetscape and the historic district and voted to approve it with the following stipulation: that the approved installation not exceed three (3) years.

The Commission authorized the issuance of a Certificate of Appropriateness upon the receipt, review and approval of two sets of signed and sealed final Department of Buildings filing drawings. Subsequently, the staff of the Commission received drawings T1, L1.1, L1.2, dated March 6, 2006, prepared by John Ciardullo, RA, and a reduced set of the presentation drawings. The staff found that the proposal approved by the Commission has been maintained. Therefore, these drawings have been marked approved by the Landmarks Preservation Commission with a perforated seal and Certificate of Appropriateness 07-0285 is being issued.

This permit is issued on the basis of the building and site conditions described in the application and disclosed during the review process. By accepting this permit, the applicant agrees to notify the Commission if the actual building or site conditions vary or if original or historic building fabric is discovered. The Commission reserves the right to amend or revoke this permit, upon written notice to the applicant, in the event that the actual building or site conditions are materially different from those described in the application or disclosed during the review process.

All approved drawings are marked approved by the Commission with a perforated seal indicating the date of approval. The work is limited to what is contained in the perforated documents. Other work or amendments to this filing must be reviewed and approved separately. The applicant is hereby put on notice that performing or maintaining any work not explicitly authorized by this permit may make the applicant liable for criminal and/or civil penalties, including imprisonment and fines. This letter constitutes the permit; a copy must be prominently displayed at the site while work is in progress. Please direct inquiries to Meisha Hunter.

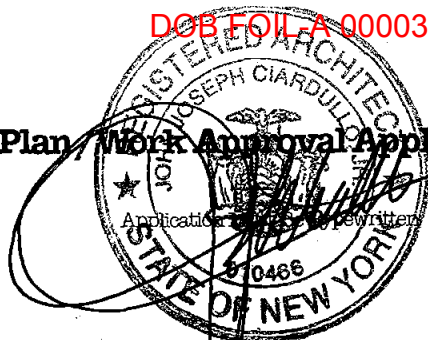

Robert B. Tierney
Chair

PLEASE NOTE: PERFORATED DRAWINGS AND A COPY OF THIS PERMIT HAVE BEEN SENT TO:
Pilar Velez, Exp., JMV Associates, LLC

cc: C. Kane Levy; J. Ciardullo, RA



Plan/Work Approval Application



Internal Use
104427666

 DEPT. OF BLDGS.

1 Filing Status Select one and complete sections indicated

<input checked="" type="checkbox"/> Initial Filing 2,3,4,5,6	<input type="checkbox"/> Subsequent Filing 2,3,4,5,7A,8,9,16	Job Number	Work Type Suffix / OT & PL
Job involves a development project.			
Job involves tract housing/cluster.			
Number of buildings	Additions	Changes	
Project Name	I am the original applicant applying for additional approvals.	Amendment	
Project I.D. RESERVED FOR D.O.B.	I am a subsequent applicant taking responsibility for the items specified herein.	Reinstatement	
		Withdrawal	

2 Location

Borough MANHATTAN	Block 1122	Lot(s) 37	BIN	C.B. No. 107
House No(s). 6	Street Name WEST 70TH STREET	Apt/Condo No(s).		
Special Place Name BEIT RABBAN DAY SCHOOL	Floor(s) 1ST & 2ND			
A/K/A 6-10 WEST 70TH STREET				

3 Applicant The following information represents a change to the original filing

Last Name CIARDULLO	First Name JOHN	MI J.
Business Name JOHN CIARDULLO ASSOCIATES, P.C.	Business Phone (212) 245-0010	
Address 221 West 57th Street, 9th floor	City New York	State NY ZIP 10019
P.R. <input checked="" type="checkbox"/> RA <input type="checkbox"/> Other <input type="checkbox"/>	Lic. No. 10466	

4 Filing Representative Complete if different from applicant.

Last Name GARRON/RIVERA	First Name SONNI/ADIELA	MI
Business Name J.M.V. ASSOCIATES, LLC	Business Phone (718) 631-0006	
Address 39-29 Bell Blvd., suite # 4	City Bayside	State NY ZIP 11351

5 Additional Considerations

<input checked="" type="checkbox"/> Directive 14 Acceptance Requested	<input type="checkbox"/> Old Code Review Requested	<input type="checkbox"/> Infill Zoning	<input type="checkbox"/> Quality Housing	<input type="checkbox"/> Safe Safety Job
Legalization of work done after 1/1/89	Application is being made to comply with:			Local Law 5 of 1978 Local Law 16 of 1984

6 Initial Filing Complete sections and schedules indicated to the right of only one selected job type.

<input type="checkbox"/> New Building 8,9,10,15,16, Schedule A	Subdivision: 9	Special Status, Limitations or Restrictions		
<input checked="" type="checkbox"/> Alteration 7	Improved Property	Restrictive Declaration: <input checked="" type="checkbox"/> Landmark	Single Room Occupancy	
Demolition 8,9,10D	Unimproved Property	Reel	BSA Calendar Number	
Sign 7A,8,9,10A,12	Condominiums	Page No.	CPC Calendar Number	
Place of Assembly 11	Related Job Number:	Other:		

7 Alterations Indicate type of alteration and complete appropriate sections and schedules.

Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A		Select One:	New C of O	Amended C of O
Change to:	Occupancy/Use	Room Count/Dwelling Units	Egress	Partial Demolition
Enlargement:	Horizontal	Vertical		
<input checked="" type="checkbox"/> Alteration - Type II Complete 7A and indicated sections and schedules.		Select One:	Equipment Installation	<input checked="" type="checkbox"/> Equipment Repair/Modification
<input checked="" type="checkbox"/> PL Plumbing -9,10D,PW-1B	<input type="checkbox"/> FB Fuel Burning -9,PW-1C	<input type="checkbox"/> SP Sprinkler -9,10A,10B,10C,14,PW-1B	<input type="checkbox"/> EQ Construction Equip. -13	
<input type="checkbox"/> MH Mech/HVAC -9,10A	<input type="checkbox"/> FS Fuel Storage -9,PW-1C	<input type="checkbox"/> FA Fire Alarm -9,14	<input checked="" type="checkbox"/> OT Other -9, Describe below:	
<input type="checkbox"/> BL Boiler -9,PW-1C	<input type="checkbox"/> SD Standpipe -9,10A,10B,10C,14	<input type="checkbox"/> FP Fire Suppression -9,14	GENERAL CONSTRUCTION	
Alteration - Type III Complete sections 7A,8 (EQ, CC, or OT work types only), 9,10A,10B,10C,10D				

Part A Job Description (Required for all alterations)

Estimated Cost Total \$ 150,000	Work Type Costs (Alteration Type II only):	OT \$ 150,000	PL \$ 30,000	\$
PROPOSED INSTALLATION OF ONE TEMPORARY CLASSROOM UNIT (TRAILER) IN ADJACENT LOT. MINOR CONCRETE BLOCK PIERS FOR TRAILER SUPPORT. EXTERIOR STAIR AND RAMP. ALL AS PER PLANS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY.				
Alteration Job only: Proposed Additional Floor Area 0 sq. ft. <input checked="" type="checkbox"/> Structural Stability will not be affected by this alteration.				

8 Work Types Submitted						9 Plans Submitted									
<input checked="" type="checkbox"/>	PL	Plumbing	-	PW-1B		SP	Sprinkler	-	14, PW-1B		ZO	Zoning		ME	Mechanical
	MH	Mech/HVAC	-			FA	Fire Alarm	-	14	<input checked="" type="checkbox"/>	AR	Architectural	<input checked="" type="checkbox"/>	PL	Plumbing
	BL	Boiler	-	PW-1C		EQ	Construction Equip.	-	13		ST	Structural		FO	Foundation
	FB	Fuel Burning	-	PW-1C		FP	Fire Suppression	-	14		NP	No Plans			
	FS	Fuel Storage	-	PW-1C		CC	Curb Cut	-	7A, Indicate total linear feet:						
	SD	Standpipe	-	14	<input checked="" type="checkbox"/>	OT	Other	-	Description: GENERAL CONSTRUCTION						

10 Building Characteristics											
Part A											
Zoning District(s) R-10A				Special District Name				Map Number 8C			
Part B Occupancy Classification											
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				
Multiple Dwelling Classification (required for all J-1 and J-2 classifications)											
Part C Construction Classification											
Ex	Pr	Non-Combustible		Ex	Pr	Combustible		Ex	Pr	Old Code	
		I-A	4 Hour Protected			II-A	Heavy Timber			1	Fireproof Structures
		I-B	3 Hour Protected			II-B	Protected Wood Joist			2	Fire-protected Structures
		I-C	2 Hour Protected			II-C	Unprotected Wood Joist			3	Non-fireproofed Structures
		I-D	1 Hour Protected			II-D	Protected Wood Frame			4	Wood Frame Structures
		I-E	Unprotected			II-E	Unprotected Wood Frame			5	Metal Structures
										6	Heavy Timber Structures
Part D											
Number of Stories 3				Ex	Pr	Fire Protection Equipment				Voluntary	Required
Street Frontage Dimension (Demolition only)						Standpipe					
Height 40'-0"						Sprinkler					
Number of Dwelling Units NA						Fire Alarm System					
Part E											
Site Area Characteristics						Open Spaces					
Tidal/Fresh Water Wetlands		Flood Plains		Loading Berths		sq. ft.	Piazza		sq. ft.		
Urban Re.ew.]		Fire District		Parking		sq. ft.	Arcade		sq. ft.		
Total Gross Floor Area of Building				sq. ft.	Number of: Parking Spaces				Loading Berths		

11 Place of Assembly			
Proposed Number of Persons		Old PA Number	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		Title	
City		Business Phone ()	
State		ZIP	

12 Signs			
Select One:		<input type="checkbox"/> Illuminated	<input type="checkbox"/> Non-Illuminated
Type of Sign:	<input type="checkbox"/> Ground	<input type="checkbox"/> Wall	<input type="checkbox"/> Roof
Height above roof level	ft.	in.	Weight lbs.
Projection Beyond the Building Line	ft.	in.	Total Square Footage of Sign
sq. ft.			
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		Title	
City		Business Phone ()	
State		ZIP	

104427666



DEPT. OF BLDGS.

13 Construction Equipment

Sidewalk Shed	Scaffold	Chute	Fence	Other:
Material of Construction		BSA/MEA Approval Number		Sidewalk Shed/Linear Feet

14 Fire Protection Equipment

SP Sprinkler	Automatic	Non-Automatic	Entire	Partial
FA Fire Alarm System	Automatic	Non-Automatic	Entire	Partial
SD Standpipe	Automatic	Non-Automatic	Entire	Partial

15 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status

Private	Public	Legal Width
---------	--------	-------------

Description of Land and Premises

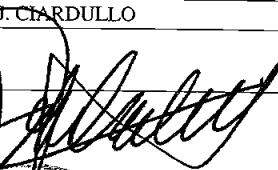
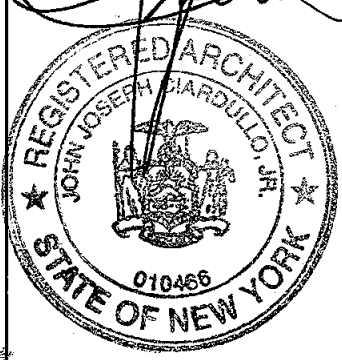
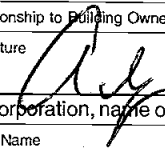
The Zoning Lot on which the premises is located is bounded as follows:

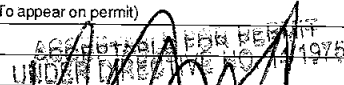
BEGINNING at a point on the	side of	distance	feet
of the corner formed by the intersection of	and		
running thence	feet; thence		feet
thence	feet; thence		feet
thence	feet; thence		feet
thence	feet; thence		feet
to the point of beginning.			

16 Comments

For New Buildings - Ultimate Number of Stories proposed:

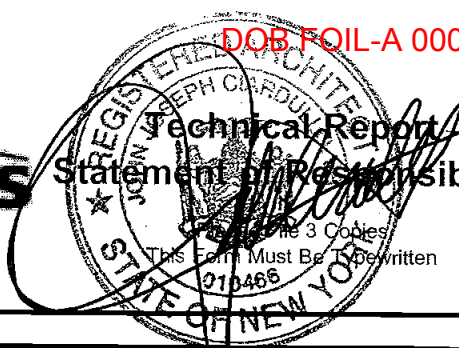
SUBSEQUENT FILING OF PLUMBING WORK TYPE TO INDICATE PLUMBING FIXTURES.

Statements and Signatures	
Applicant's Statements All applicants must complete and sign below <input checked="" type="checkbox"/> I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations, except as set forth in the accompanying documents.	
Tract Housing Statement Complete if applicable and sign below Reference Job Number _____ I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.	
Applicant <input checked="" type="checkbox"/> I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.	
Name JOHN J. CIARDULLO	Date 08-05-06
Signature 	
Seal (P.E. or R.A.) 	
Falsification of any statement is a misdemeanor under Section 26-124 of the 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.	
Owner's Statements <input checked="" type="checkbox"/> I have authorized the applicant to file this application for the work specified herein and all future amendments.	
Owner's Certification Regarding Occupied Housing Accommodations 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 control under Chapter 3 of Title 26 of the Administrative Code. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
The owner has notified 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]. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date DHCR notified: _____	
Fee Exemption Request Statement <input checked="" type="checkbox"/> In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used <u>exclusively</u> for the purposes indicated in such section.	
Owner Type of Ownership: <input checked="" type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Last Name SINGER	First Name ALAN
Title EXECUTIVE DIRECTOR	
Business Name/Agency CONGREGATION SHEARITH ISRAEL	
Address 8 West 70th Street	
City New York	
State NY	ZIP 10023 Phone (212) 873-0300
Name of Signator ALAN SINGER	
Relationship to Building Owner EXECUTIVE DIRECTOR	
Signature 	Date 7/5/05
If Corporation, name of second officer	
Last Name _____	First Name _____ M.I. _____
Title _____	
Address _____	
City _____	
State _____	ZIP _____ Phone () _____

Internal Use	
Application Complete for Filing and Fee Estimation Amount Due exempt Cost Estimate (if different from applicant) _____ Pre-Filer Name Sh... Date 5-9-06	
Initial Amount Paid _____	Approvals Examined and Recommended for Approval Approved for _____ Foundation _____ Earthwork Only _____ Examiner Name _____ Examiner Signature _____ Date _____
Verified By _____ Date _____	Limitation(s): (To appear on permit)  JUNE 2 2006
Balance Paid _____	Other Approvals Examiner Name FRANTZ JEANETTE Examiner Signature _____ TAHMINA GAFFAR AUG 16 2006
Verified By _____ Date _____	Approved _____ Borough Superintendent Signature _____ Date _____
Stamps and Certifications:	



Technical Report Statement of Responsibility



Job Number

104427666



DEPT. OF BLDGS.

1 Filing Status

☒ Identification of Responsibilities Certification of Completed Inspections/Tests Withdrawal of Responsibility

2 Location

House No(s). 6

Street Name WEST 70TH STREET

Floor/space 1st & 2nd

3 Applicant

Last Name CIARDULLO First Name JOHN M.I.
 Business Name JOHN CIARDULLO ASSOCIATES Business Phone (212) 245-0010
 Address 221 West 57th Street City New York State NY ZIP 10019
☒ P.E. R.A. Lic. No. 10466

4 Items

Inspections & Tests		Code/Section	Identification of Responsibilities	Cert. of Completed Inspec/Tests
			Initials & Date	Initials & Date
<input type="checkbox"/> Borings/Test Pits	TR-4	27-720		
<input type="checkbox"/> Piling	TR-5	27-721		
Subgrade		27-723, Dir. 15/71		
Controlled Fill		27-679(a)		
Underpinning		27-724		
Soil Bearing Pressure	<input type="checkbox"/> AI-1	27-678		
Welding		27-616		
Aluminum		Table 10-2		
Laminated Wood		Table 10-2		
High Strength Bolts		Table 10-2		
Cable Fittings		Table 10-2(640)		
Smoke Test		27-868		
Fire Stops		27-345		
Ventilation System - Engineer/Installer		27-136, 779		
Ventilation System - Fire Dampers		27-343(d), 779		
Fuel Burning/Storage		27-794		
Noise Control Tests		27-768,769,770		
Refrigeration System		27-781		
High Pressure Steam		1 RCNY §20-02		
Soil Percolation Test - Dry Well	<input type="checkbox"/>	RS 16-P113		
Soil Percolation Test - Septic	<input type="checkbox"/>	RS 16-P113.9		
Curtain/Panel Wall	<input type="checkbox"/>	1 RCNY §32-01		
Shoring		27-1010		
Structural Stability		1 RCNY §16-01		
Spray On Fireproofing - New Installation		27-324(f)		
Spray On Fireproofing - Integrity Of Existing		27-324(g)		
Reinforced Masonry		Table 10-2		
Masonry Units		RS 10-3 3.2		
Concrete		27-603		
Concrete - Precast		27-607		
Concrete - Pre-stressed		27-607		
Concrete Design Mix	<input type="checkbox"/> TR-3	27-605		
Concrete Test Cylinders	<input type="checkbox"/> TR-2	27-607a(1)		
Sprinkler Test (hydrostatic)		27-967		
Standpipe Test		27-951		
Fire Alarm Test		27-977		
Chimneys		27-856		
Emergency Generators		27-794		
Emergency Lighting - PA	(if not in compliance with Memo 2/19/81)			
Gas Pipe Welding - High Pressure		RS 16-P115		
Heating System/Boilers		27-793		
Tenant Protection Plan		Memo 1/6/84		
Laminated I Beam Notification to FDNY				
Septic System Installation		RS 16-P113.3		
Drywell Installation Retention/Detention		RS 16-P110.13		
Lt. Gauge Steel/Wood Fl. Trusses/Lam. I-Beam		TPPN2.00		
<input checked="" type="checkbox"/> Final Inspection		Directive 14 of 1975		

08-05-01

Sheet Number of Sheets

Report Required

Revised: 11/12/2004 TR-4 Page 4

Sheet Number

of

Sheets

Report Required

Revised 11/12/2004 TR-1 Page 1

5 Statements and Signatures Complete the appropriate sections and sign below. All professionals must affix their seal.

Falsification of any statement is a misdemeanor under § 26-124 of the 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.

Applicant☒ **Identification of Responsibilities**

I have assumed responsibility for the items specified previously. I, personally, or, where permitted by the Building Code, qualified personnel under my direct supervision, will perform the required inspections and tests. All inspection and test reports shall be signed and filed with the Department.

☒ **Directive 14 Inspection Request**

I will make inspections during the progress and upon completion of work. Controlled inspection reports and other required reports, appropriate for the job shall be filed by me before the work is reported complete.

Upon completion of the work and after my final inspection, I shall file a certification attesting to the fact that all work was performed and completed in accordance with the approval or accepted plans and with the provisions of the building code and other applicable laws and regulations, except as reported otherwise.

I understand that my failure to file a certification of completion or to notify the Department of my withdrawal of responsibilities within one year from permit issuance may result in the loss of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both.

Change of Applicant

I am a newly designated individual responsible for the items specified herein and I hereby state that:

None of the controlled inspections/tests indicated herein have been performed to date by the previously designated individual.

Some of the controlled inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.

Certification of Completed Inspections/Tests

I have completed the items specified herein and certify the following (check only one):

All work performed has been performed in accordance with applicable provisions of the New York City Building Code and other designated rules and regulations.

OR

All work performed has been performed in accordance with applicable provisions of the New York City Building Code and other designated rules and regulations, except as indicated in the attached report.

Violation Removal

The following violations were corrected as a result of work performed under the job/application number referenced herein. Therefore, I respectfully request removal of these violations:

List violations here:

Withdrawal of Applicant

I am withdrawing responsibility for the items of controlled inspection indicated herein and herewith submit the results or status of the work performed to date.

Applicant's Signature

Name JOHN CIARDULLO

Signature

Date

08.05.05

Seal (P.E., R.A.)

**Owner**

I hereby state that I have authorized the applicant to perform the work specified herein.

Name ALAN SINGER

Title EXECUTIVE DIRECTOR

Signature

Date

8/5/05

P.E. or R.A. Responsible for Plans

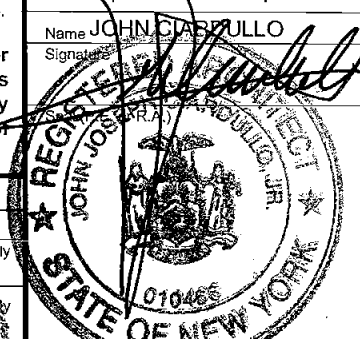
I certify that the Licensed Professional or Registered Architect engaged by the owner to supervise the work specified above is acceptable.

Name JOHN CIARDULLO

Signature

Date

08.05.05

**Licensed Electrical Contractor**

All controlled inspection reports and other reports relating to quality of fire alarm and communication systems have been found satisfactory and have been filed.

Name

Signature

Date

Seal



Cost Affidavit

Please File 1 Copy
Affidavit Must Be Typewritten

Internal Use
104427666
DEPT. OF BLDGS.

1 Filing Status			
Filed By:	<input checked="" type="checkbox"/>	Contractor	<input type="checkbox"/>
For Issuance Of:	<input checked="" type="checkbox"/>	Work Permit	<input type="checkbox"/>
Job Number 104427666			

2 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN
House No(s) 6	Street Name WEST 70TH STREET		Apt/Condo No(s)
Special Place Name BEIT RABBAN DAY SCHOOL			Floor(s)

3 Owner			
Last Name	First Name	M.I.	Title
Business Name		Business Phone ()	
Address		City	State ZIP

4 Contractor			
Last Name SICO	First Name MICHAEL	M.I. E.	Title AREA SALES MNGR.
Business Name VANGUARD MODULAR BUILDING SYSTEMS, LLC		Business Phone (770) 416-9311	
Address 100 Lindenwood Drive, Suite 200		City Malvern	State PA ZIP 19355
Type of Contractor GENERAL CONTRACTOR			

5 Cost Information			
<input checked="" type="checkbox"/>	Estimated	<input type="checkbox"/>	Actual
			Cost: 150,000.00

6 Statements and Signatures	
<p>Falsification of any statement is a misdemeanor under Section 28-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.</p> <p>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.</p>	
Owner Statement	
<input type="checkbox"/>	Based on figures submitted to me by contractors who bid for the work described in the aforementioned job, and upon my best judgement and estimate, the cost of the proposed work for the aforementioned job will be the cost stated above.
<input type="checkbox"/>	The final cost of the work described in the aforementioned job was the cost stated above.
Name	
Signature	Date
Contractor Statement	
To my best knowledge, experience and judgement, the cost of the proposed work described in the aforementioned job will be the cost stated above.	
Name MICHAEL SICO	
Signature	Date 12/1/06

7 Notarization	
State of New York, County of Queens	
Sworn to before me this	day of Dec 2006
Signature	
Seal	
<p>JACQUELINE VELEZ Notary Public, State of New York No. 4062002 Qualified in Queens County Commission Expires January 12, 2009</p>	



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number - MANDATORY
(Affix Label or type in number)

104427666

Document Number:
MANDATORY 01

1 Reason for Filing

- ☒ Initial Permit (complete all sections) Expected Job Start Date: _____
☐ Renewal with change (complete all sections including notarizing and signing section 9)
☐ Renewal with no change (complete sections 6, 7 & 8 only)

2 Location

Borough **MANHATTAN** Block **1122** Lot(s) **37** BIN **1028510**
 House No(s) **6** Street Name **West 70th Street**

3 Applicant/Contractor

Last Name **SICO** First Name **MICHAEL** M.I. _____ Tax-payer ID: **010522571**
 Business Name **VANGUARD MODULAR BUILDING SYSTEMS, LLC** Business Phone **(770) 416-9311** E-Mail Address **msico@vanguardmodular.com**
 Address **100 Lindenwood Drive, Suite 200** City **Malvern** State **PA** ZIP **19355**

4 Filing Representative

Complete if different from applicant listed in section 3.

Last Name **RIVERAMIRABAL** First Name **ADIELA/STALIN** M.I. _____ Registration No. _____
 Business Name **J.M.V. ASSOCIATES, LLC** Business Phone **(718) 631-0006** E-Mail Address _____
 Address **38-35 BELL BLVD., SUITE 350** City **BAYSIDE** State **NY** ZIP **11361**

5 Insurance (P.E. / R.A. only)

Check off all required items and submit with this permit application

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law:

- ☒ Workman's Compensation Insurance (for all permits) ☐ Liability Insurance (for NB permits) ☐ Street Obstruction Bond Insurance (for EQ permits)
☒ Disability Insurance (for all permits)

For renewal with no change, complete only sections (6, 7 & 8) below

6 Applicant Information

Please check which one of the following applies to the applicant for this permit (select one only)

- ☐ Licensee (Provide number and check off type): ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger Lic. No.: _____
☐ Does the Work Permit applied for require a H.I.C. license? ☐ No ☐ Yes (Provide H.I.C. # here if yes): _____
☒ General Contractor, Provide Tracking No. (mandatory): **36316**
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)

If MP, FSC, or OBI applicant, are you responsible for all work on this permit? ☐ Yes ☐ No If not, please describe type of work below:

7 Type of Permit

☐ No Work Permit

For a new building (NB) permit, provide related license application number (9 digits): _____

- ☐ New Building ☒ Alteration ☐ Sign ☐ Boiler ☐ Standpipe
☐ Demolition & Removal ☐ Plumbing ☐ PA ☐ Fuel Burning: ☐ Oil ☐ Gas ☐ Fire Alarm
☐ Foundation/Earthwork ☐ Curb, Gutter ☐ Fuel Storage ☐ Fire Suppression System
☐ Earthwork Only ☐ Construction Equipment ☐ Sprinkler ☐ Mechanical/HVAC

→ For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.

If this is a secondary plumbing, sprinkler, of standpipe permit, provide the secondary permit description here: _____

8 Statements & Signatures — must be completed by all applicants (for renewals with no change, check off (x) box below)

I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is 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.

- ☐ I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.

Seal (if applicable)

Applicant Name (Please print) **MICHAEL SICO**

Title **AREA SALES MANAGER**

Signature

Date

12/8/06

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number - **MANDATORY**
(Affix Label or type in number)

104427666

Document Number:
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3			
Last Name SICO	First Name MICHAEL	M.I.	
Business Name VANGUARD MODULAR BUILDING SYSTEMS, LLC		Business Phone (770) 416-9311	E-Mail Address
Address 100 Lindenwood Drive, Suite 200		City Malvern	State PA ZIP 19355
Check one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> MP <input type="checkbox"/> FSC <input type="checkbox"/> OBI <input type="checkbox"/> Sign Hanger <input checked="" type="checkbox"/> General Contractor <input type="checkbox"/> HIC <input type="checkbox"/> Demo Contractor <input type="checkbox"/> Home Owner			
Taxpayer ID No. 010522571		Lic No.	

9b Superintendent of Construction Statement (required)	
I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.	
Name (please print) MICHAEL SICO Signature Date 12/8/06	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Queens Sworn to or affirmed under penalty of perjury 8 day of 12 20 06 Notary Signature Notary Seal ROQUELINE VELEZ Notary Public, State of New York No. 4902863 Qualified in Queens County Commies on Expires January 12, 2009
Seal (if applicable)	The applicant's signing and notarization must take place on the same date

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.			
Last Name	First Name	M.I.	
Business Name	Business Phone ()	E-Mail Address	
Address	City	State	ZIP
Certificate No.:			

10a Contractor's Statement for Site Safety Plan	
I have advised the individual named above that they have been designated as the Site Safety Manager. I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs. I agree to either substitute myself as a defendant in the place of the Site Safety Manager, in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City	of New York to withdraw the proceeding against the said Site Safety Manager. I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers. I acknowledge, certify, and accept all of the above.
Contractor Name	Date
Title	Date
Signature	Date

10b Site Safety Manager Statement	
I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations. I acknowledge, certify, and accept all of the above.	Name Title Signature Date
Notarization for Site Safety Manager	
State of New York, County of	Notary Signature
Sworn to or affirmed under penalty of perjury day of 20	Notary Seal



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number - **MANDATORY**
(Affix Label or type in number)

104427666

Document Number:
MANDATORY 02

- 1 Reason for Filing** ☒ Initial Permit (complete all sections) Expected Job Start Date: _____
☐ Renewal with change (complete all sections including notarizing and signing section 9)
☐ Renewal with no change (complete sections 6, 7 & 8 only)

2 Location

Borough **MANHATTAN** Block **1122** Lot(s) **37** BIN **1028510**
 House No(s) **6** Street Name **West 70th Street**

3 Applicant/Contractor

Last Name **SICO** First Name **MICHAEL** M.I. _____ Tax-payer ID: **010522571**
 Business Name **VANGUARD MODULAR BUILDING SYSTEMS, LLC** Business Phone **(770) 416-9311** E-Mail Address **msico@vanguardmodular.com**
 Address **100 Lindenwood Drive, Suite 200** City **Malvern** State **PA** ZIP **19355**

4 Filing Representative Complete if different from applicant listed in section 3.

Last Name **RIVERAMIRABAL** First Name **ADIELA/STALIN** M.I. _____ Registration No. _____
 Business Name **J.M.V. ASSOCIATES, LLC** Business Phone **(718) 631-0006** E-Mail Address _____
 Address **38-35 BELL BLVD., SUITE 350** City **BAYSIDE** State **NY** ZIP **11361**

5 Insurance (P.E. / R.A. only) Check off all required items and submit with this permit application

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law:

- ☒ Workman's Compensation Insurance (for all permits) ☐ Liability Insurance (for NB permits) ☐ Street Obstruction Bond Insurance (for EQ permits)
☒ Disability Insurance (for all permits)

For renewal with no change, complete only sections (6, 7 & 8) below

6 Applicant Information

Please check which one of the following applies to the applicant for this permit (select one only)

- ☐ Licensee (Provide number and check off type): ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger Lic. No.: _____
☐ Does the Work Permit applied for require a H.I.C. license? ☐ No ☐ Yes (Provide H.I.C. # here if yes): _____
☒ General Contractor, Provide Tracking No. (mandatory): **36316**
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)

If MP, FSC, or OBI applicant, are you responsible for all work on this permit? ☐ Yes ☐ No If not, please describe type of work below:

7 Type of Permit ☐ No Work Permit

For a new building (NB) permit, provide related fence application number (9 digits): _____

- ☐ New Building ☐ Alteration ☐ Sign ☐ Boiler ☐ Standpipe
☐ Demolition & Removal ☐ Plumbing ☐ PA ☐ Fuel Burning: ☐ Oil ☐ Gas ☐ Fire Alarm
☐ Foundation/Earthwork ☐ Curb Cut ☐ Fuel Storage ☐ Fire Suppression System
☐ Earthwork Only ☒ Construction Equipment ☐ Sprinkler ☐ Mechanical/HVAC

→ For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.

If this is a secondary plumbing, sprinkler, or standpipe permit, provide the secondary permit description here:

8 Statements & Signatures — must be completed by all applicants (for renewals with no change, check off (x) box below)

I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is 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.

- ☐ I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.

Seal (if applicable)

Applicant Name (Please print) **MICHAEL SICO** Title **AREA SALES MANAGER**

Signature Date **12/8/06**

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



Work Permit Application

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Job Number - MANDATORY
(Affix Label or type in number)

104427666

Document Number:
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3			
Last Name SICO		First Name MICHAEL	
Business Name VANGUARD MODULAR BUILDING SYSTEMS, LLC		Business Phone (770) 416-9311	
Address 100 Lindenwood Drive, Suite 200		City Malvern	
State PA		ZIP 19355	
Check one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> MP <input type="checkbox"/> FSC <input type="checkbox"/> OBI <input type="checkbox"/> Sign Hanger <input checked="" type="checkbox"/> General Contractor <input type="checkbox"/> HIC <input type="checkbox"/> Demo Contractor <input type="checkbox"/> Home Owner			
Taxpayer ID No. 010522571		Lic No.	

9b Superintendent of Construction Statement (required)	
I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.	
Name (please print) MICHAEL SICO Signature Date 12/8/06	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Queens Sworn to or affirmed under penalty of perjury 8 day of Dec 2006 Notary Signature Notary Seal JACQUELINE VELEZ Notary Public, State of New York No. 4862363 Qualified in Queens County Commission Expires January 12, 2007
The applicant's signing and notarization must take place on the same date	

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.	
Last Name First Name M.I.	
Business Name Business Phone () E-Mail Address	
Address City State ZIP	
Certificate No.:	
10a Contractor's Statement for Site Safety Plan	
I have advised the individual named above that they have been designated as the Site Safety Manager. I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs. I agree to either substitute myself as a defendant in the place of the Site Safety Manager, in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City of New York to withdraw the proceeding against the said Site Safety Manager. I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers. I acknowledge, certify, and accept all of the above.	
Contractor Name Title Signature Date	
10b Site Safety Manager Statement	
I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations. I acknowledge, certify, and accept all of the above.	
Name Title Signature Date	
Notarization for Site Safety Manager	
State of New York, County of	
Sworn to or affirmed under penalty of perjury day of 20	
Notary Signature Notary Seal	

DEPARTMENT OF HOUSING AND BUILDINGS

BOROUGH OF MANHATTAN, CITY OF NEW YORK

No. 43472

Date December 13, 1954

CERTIFICATE OF OCCUPANCY

(Standard form adopted by the Board of Standards and Appeals and issued pursuant to Section 646 of the New York Charter, and Sections C.26-181.0 to C.26-187.0 inclusive Administrative Code 2.13.1. to 2.13.7. Building Code.)

This certificate supersedes C. O. No. 28280.

To the owner or owners of the building or premises:

THIS CERTIFIES that the ~~new~~ altered ~~existing~~ building—premises located at

6-8 West 70th Street

Block: 1122 Lot 37 & 38

conforms substantially to the approved plans and specifications, and to the requirements of the building code and all other laws and ordinances, and of the rules and regulations of the Board of Standards and Appeals, applicable to a building of its class and kind at the time the permit was issued; and

CERTIFIES FURTHER that, any provisions of Section 646F of the New York Charter have been complied with as certified by a report of the Fire Commissioner to the Borough Superintendent.

Alt. No.— 679-1953

Construction classification— nonfireproof

Occupancy classification— Public Bldg. Height Bsmt. & 3 stories, 51 feet.

Date of completion— December 13, 1954 Located in Residence Use District.

B Area 1 Height Zone at time of issuance of permit 1211-1954; 2397-1953

This certificate is issued subject to the limitations hereinafter specified and to the following resolutions of the Board of Standards and Appeals: (Calendar numbers to be inserted here)

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOADS Lbs. per Sq. Ft.	PERSONS ACCOMMODATED			USE
		MALE	FEMALE	TOTAL	
Basement	on ground	100	50	150	Auditorium and kitchen.
1st story	75	20	20	40	Offices and classrooms.
2nd story	75	20	20	40	Office and classrooms.
3rd story	75	2	2	4	Office, book storage and one (1) janitor's apartment.

Sec. 61.23 sub. 1 Building Code C.26-272.0 Admin. Code
 That to the satisfaction of a structure and enclosed other factory or building
 1950, the building shall be maintained in accordance with the provisions
 stated in the certificate of occupancy and any permanently posted order or law or
 glass and maintained in the main entrance hall of such structures."

Joseph E. Heenan
 Borough Superintendent

DEPARTMENT OF HOUSING AND BUILDINGS

BOROUGH OF BROOKLYN, CITY OF NEW YORK

NO CHANGES OF USE OR OCCUPANCY NOT CONSISTENT WITH THIS CERTIFICATE SHALL BE MADE UNLESS FIRST APPROVED BY THE BOROUGH SUPERINTENDENT

Unless an approval for the same has been obtained from the Borough Superintendent, no change or rearrangement in the structural parts of the building, or affecting the light and ventilation of any part thereof, or in the exit facilities, shall be made; no enlargement, whether by extending on any side or by increasing in height shall be made; nor shall the building be moved from one location or position to another; nor shall there be any reduction or diminution of the area of the lot or plot on which the building is located.

The building or any part thereof shall not be used for any purpose other than that for which it is certified.

The superimposed, uniformly distributed loads, or concentrated loads producing the same stresses in the construction in any story shall not exceed the live loads specified on reverse side; the number of persons of either sex in any story shall not exceed that specified when sex is indicated; nor shall the aggregate number of persons in any story exceed the specified total; and the use to which any story may be put shall be restricted to that fixed by this certificate except as specifically stated.

This certificate does not in any way relieve the owner or owners or any other person or persons in possession or control of the building, or any part thereof from obtaining such other permits, licenses or approvals as may be prescribed by law for the uses or purposes for which the building is designed or intended; nor from obtaining the special certificates required for the use and operation of elevators; nor from the installation of fire alarm systems, where required by law; nor from complying with any lawful order for additional fire extinguishing appliances under the discretionary powers of the fire commissioner; nor from complying with any lawful order issued with the object of maintaining the building in a safe or lawful condition; nor from complying with any authorized direction to remove encroachment into a public highway or other public place, whether attached to or part of the building or not.

If this certificate is marked "Temporary", it is applicable only to those parts of the building indicated on its face, and certifies to the legal use and occupancy of only such parts of the building; it is subject to all the provisions and conditions applying to a final or permanent certificate; it is not applicable to any building under the jurisdiction of the Housing Division unless it is also approved and endorsed by them, and it must be replaced by a full certificate at the date of expiration.

If this certificate is for an existing building, erected prior to March 14, 1916, it has been duly inspected and it has been found to have been occupied or arranged to be occupied prior to March 14, 1916, as noted on the reverse side, and that on information and belief, since that date there has been no alteration or conversion to a use that changed its classification as defined in the Building Code, or that would necessitate compliance with some special requirement or with the State Labor Law or any other law or ordinance; that there are no notices of violations or orders pending in the Department of Housing and Buildings at this time; that Section 646F of the New York City Charter has been complied with as certified by a report of the Fire Commissioner to the Borough Superintendent, and that, so long as the building is not altered, except by permission of the Borough Superintendent, the existing use and occupancy may be continued.

"§ 646 F. No certificate of occupancy shall be issued for any building, structure, enclosure, place or premises wherein containers for combustibles, chemicals, explosives, inflammables and other dangerous substances, articles, compounds or mixtures are stored, or wherein automatic or other fire alarm systems or fire extinguishing equipment are required by law to be or are installed, until the fire commissioner has tested and inspected and has certified his approval in writing of the installation of such containers, systems or equipment to the Borough Superintendent of the borough in which the installation has been made. Such approval shall be recorded on the certificate of occupancy."

Additional copies of this certificate will be furnished to persons having an interest in the building or premises, upon payment of a fee of fifty cents per copy.

Title 27 / Subchapter 7

business name of such manufacturer, distributor or retailer is registered or filed in the United States or such manufacturer, distributor or retailer is authorized to do business in any state, and the corporate or business name of such manufacturer, distributor or retailer does not include any brand name or trademark of a tobacco product, alone or in conjunction with any written word, picture, logo, symbol, motto, selling message, poster, placard, sign, photograph, device, graphic display or visual image of any kind, recognizable color or pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, those used for any brand of a tobacco product.

e. This section shall not apply to any tobacco product advertisement on a motor vehicle. Nothing in this subdivision shall be construed to authorize the placement of a tobacco product advertisement in a location where such placement is otherwise prohibited by the rules of the department of transportation or other applicable law.

§ 27-508.4 Non-compliant advertisements to be removed.-

The owner, operator or lessee of any location or premises where a tobacco product advertisement is prohibited or restricted pursuant to the requirements of section 27-508.3 of this article shall have thirty days from the effective date of the local law that added this section to remove any non-compliant tobacco product advertisements.

§ 27-508.5 Sponsorship of and at events. -

Nothing in this article shall prevent a tobacco products manufacturer, distributor, or retailer who sponsors, in whole or in part, any athletic, musical, artistic, or cultural event, or team or entry in a competition or exhibition in any location from displaying or causing to be displayed the corporate or other business name of such sponsor; provided, however, that the corporate or other business name of such sponsor is registered or filed in the United States or such sponsor is authorized to do business in any state, and the corporate or other business name of such sponsor does not include any brand name or trademark of a tobacco product, alone or in conjunction with any written word, picture, logo, symbol, motto, selling message, poster, placard, sign, photograph, device, graphic display or visual image of any kind, recognizable color or pattern of colors, or any other indicia of product identification identical or similar to, or identifiable with, those used for any brand of a tobacco product.

**Local Law 3-1998.*

*****§27-508.6 Injunctive relief. -**

Whenever any person has engaged in any act or practice which constitutes a violation of any provision of this article or of chapter thirteen of title eleven of this code, or of subchapter one of chapter two of title twenty of this code, or of any rule promulgated thereunder, the

city may make application to a court of competent jurisdiction for an order enjoining such act or practice.

****Local Law 2-2000; Local Law 3-1998.*

****§27-508.7 Penalties. -**

Notwithstanding the provisions of sections 26-122, 26-125 and 26-248 of this code, a violation of this article shall not subject any person to liability for a criminal offense.

***Local Law 10 -1998.*

ARTICLE 18 FENCES

§[C26-717.1] 27-509 Permitted heights. -

In other than residence districts as established by the zoning resolution, fences may be erected throughout the city to a maximum height of ten feet. In residence districts, no fences, whether of masonry, steel, wood, or any other materials shall be erected to a height of more than six feet above the ground, except that fences used in conjunction with nonresidence buildings and public playgrounds, excluding buildings accessory to dwellings, may be erected to a height of fifteen feet. Higher fences may be permitted by the commissioner where required for the enclosure of public playgrounds, school yards, parks, and similar public facilities.

ARTICLE 19 TENTS AND AIR-SUPPORTED STRUCTURES

§[C26-718.1] 27-510 Location and height. -

Tents or air-supported structures may be erected inside or outside of the fire districts provided they are not more than one story high above the ground, or above a roof that meets the requirements of subchapter five of this chapter for fire divisions.

§[C26-718.2] 27-511 Separation. -

No tent or air-supported structure shall be erected closer than twenty feet to any interior lot line nor closer than thirty feet in any direction to an unprotected opening, required exterior stairway or corridor, or required exit door, on the same level or above the level of the tent or air-supported structure. A tent or air-supported structure may abut another building on the same lot if there are no unprotected openings or exits above or within thirty feet as above stipulated, if there is no door between them that is a required exit, and if the exterior wall separating them meets the requirements of subchapter five of this chapter for fire divisions.

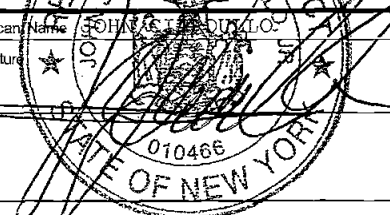
Exceptions. - Requirements for separation from other buildings on the site shall be waived where a tent or air-supported structure is used for on-site temporary shelter for construction work, or incidental fabrication of construction elements to be used on the site of construction.



Additional Information

1 Filing Status		
Job Number 104427666	As an attachment to:	
Sheet Number 1	of 1	Sheets 6 West 70th Street, New York, NY

<p>2 Additional Information</p> <p>Respectfully request approval of the above referenced project based on the following facts:</p> <ol style="list-style-type: none"> 1. All work is within the property line and therefore no approval from the NYC Department of Transportation. 2. Proposed temporary trailer is permitted to be filed as an Alteration Type II since this is a temporary structure. 3. According to section 27-509 of the building code a 10'-0" fence is the maximum permitted. <p>Yes A I Agree only for COMMERCIAL Zone Area - This is a Residential District - R8B Fence is to high cant be more than Docket 14 from Landmark</p> <p>FRANTZ JEANNITE 6/21/06</p>
--

3 Statements and Signatures		
I hereby state that all of the above information is complete and correct to the best of my knowledge.	Applicant Name JOHANNES CIARROLO	Date 6/12/06
Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and is punishable by a fine or imprisonment, or both.	Signature 	
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.		

Revised 6-2003 AI-1

000002

06/30/06
09:58:30.0

**** PRE-FILING SUBSEQUENT FEE DATA ****

BISPF16B

PRE-FILER ID: SLA JOB NO.: 104427666 JOB TYPE: ALT2
PREM: MANHATTAN 6 WEST 70 STREET

```

=====
.... PL : 30000      :          BUILDING TYPE: OTHER
TOT EST COST = 30000 => FEE= 397.50 :          FEE STATUS: EXEMPT
FENCE   : 130        :          COMPUTED TOTAL FEE: 527.50
                               : MINIMUM REQUIRED PAYMENT: 527.50
                               :
                               : THE JOB NO. IS: => 104427666
                               : THE PRE-FILING DATE IS: = 06/30/2006
                               : THE WORK TYPE SUFFIX(ES) IS:
                               :   ✓ X PL      MH      BL      FB
                               :           FS      FP      SD      SP
                               :           FA      X EQ      CC      X OT
                               :                               GEN. CONST.
                               :
=====

```

```

IF ASBESTOS JOB ENTER FEE =====>  _ $1200  _ $800  _ $400  _ $200  _ $15
=====

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PF1 =PREV   PF2 =MAIN   PF3 =REJECT
PF4 =RECALCULATE FEE

```

ENTER =UPDATE

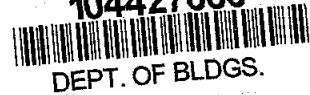


Plan/Work Approval Application

Application Must Be Typewritten

Internal Use

104427666



DEPT. OF BLDGS.

1 Filing Status Select one and complete sections indicated			
<input type="checkbox"/> Initial Filing 2,3,4,5,6		<input checked="" type="checkbox"/> Subsequent Filing 2,3,4,5,7A,8,9,10	
<input type="checkbox"/> Job involves a development project.		Job Number _____ Work Type Suffix / EQ	
<input type="checkbox"/> Job involves tract housing/cluster.		Additions	
Number of buildings _____		<input checked="" type="checkbox"/> I am the original applicant applying for additional approvals.	
Project Name _____		<input type="checkbox"/> I am a subsequent applicant taking responsibility for the items specified herein.	
Project I.D. RESERVED FOR D.O.B.		Changes	
		<input type="checkbox"/> Amendment	
		<input type="checkbox"/> Reinstatement	
		<input type="checkbox"/> Withdrawal	

2 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN _____ C.B. No. 107
House No(s) 6	Street Name WEST 70TH STREET		Apt/Condo No(s) _____
Special Place Name BEIT RABBAN DAY SCHOOL		Floor(s) 1ST & 2ND	

3 Applicant		The following information represents a change to the original filing	
Last Name CIARDULLO		First Name JOHN	MI J.
Business Name JOHN CIARDULLO ASSOCIATES, P.C.		Business Phone (212) 245-0010	
Address 221 West 57th Street, 9th floor		City New York	State NY ZIP 10019
PE <input type="checkbox"/>	RA <input checked="" type="checkbox"/>	Other <input type="checkbox"/> Lic. No. 10466	

4 Filing Representative Complete if different from applicant.			
Last Name CARRION/RIVERA		First Name SONNI/ADIELA	MI
Business Name J.M.V. ASSOCIATES, LLC		Business Phone (718) 631-0006	
Address 39-29 Bell Blvd., suite # 4		City Bayside	State NY ZIP 11361

5 Additional Considerations					
<input checked="" type="checkbox"/> Directive 14 Acceptance Requested	<input type="checkbox"/> Old Code Review Requested	<input type="checkbox"/> Infill Zoning	<input type="checkbox"/> Quality Housing	<input type="checkbox"/> Site Safety Job	
Legalization of work done after 1/1/89	Application is being made to comply with:			Local Law 5 of 1973	Local Law 16 of 1984

6 Initial Filing Complete sections and schedules indicated to the right of only one selected job type.					
New Building	8,9,10,15,16, Schedule A	Subdivision: 9	Special Status, Limitations or Restrictions		
Alteration	7	Improved Property	Restrictive Declaration:	Landmark	Single Room Occupancy
Demolition	8,9,10D	Unimproved Property	Reel	BSA Calendar Number	
Sign	7A,8,9,10A,12	Condominiums	Page No.	GPC Calendar Number	
Place of Assembly	11	Related Job Number:	Other:		

7 Alterations Indicate type of alteration and complete appropriate sections and schedules.					
Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A			Select One:	New C of O	Amended C of O
Change to:	Occupancy/Use	Room Count/Dwelling Units	Egress	Partial Demolition	
Enlargement:	Horizontal	Vertical			
Alteration - Type II Complete 7A and indicated sections and schedules.			Select One:	Equipment Installation	Equipment Repair / Modification
PL Plumbing - 9,10D,PW-1B	FB Fuel Burning - 9,PW-1C	SP Sprinkler - 9,10A,10B,10C,14,PW-1B	EQ Construction Equip. - 13		
MH Mech./HVAC - 9,10A	FS Fuel Storage - 9,PW-1C	FA Fire Alarm - 9,14	OT Other - 9, Describe below:		
BL Boiler - 9,PW-1C	SD Standpipe - 9,10A,10B,10C,14	FP Fire Suppression - 9,14			
Alteration - Type III Complete sections 7A,8 (EQ,CC, or OT work types only), 9,10A,10B,10C,10D					

Part A Job Description (Required for all alterations)					
Estimated Cost Total \$	Work Type Costs	(Alteration Type II only):	PL \$ 30,000	EQ \$	\$
SEE SECTION 16.					
Alteration Job only: Proposed Additional Floor Area 0 sq. ft. <input checked="" type="checkbox"/> Structural Stability will not be affected by this alteration.					

8 Work Types Submitted				9 Plans Submitted									
<input checked="" type="checkbox"/>	PL	Plumbing	- PW-1B		SP	Sprinkler	- 14, PW-1B		ZO	Zoning		ME	Mechanical
	MH	Mech/HVAC	-		FA	Fire Alarm	- 14	<input checked="" type="checkbox"/>	AR	Architectural	<input checked="" type="checkbox"/>	PL	Plumbing
	BL	Boiler	- PW-1C	<input checked="" type="checkbox"/>	EQ	Construction Equip.	- 13		ST	Structural		FO	Foundation
	FB	Fuel Burning	- PW-1C		FP	Fire Suppression	- 14		NP	No Plans			
	FS	Fuel Storage	- PW-1C		CC	Curb Cut	- 7A, Indicate total linear feet:						
	SD	Standpipe	- 14		OT	Other	- Description:						

10 Building Characteristics																	
Part A																	
Zoning District(s) R-10A				Special District Name				Map Number 8C									
Part B Occupancy Classification																	
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name						
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)						
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling						
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)						
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous						
		D-1	Industrial (Moderate Hazard)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G	Education				Old Code - Public Buildings						
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings						
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings						
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)										
Multiple Dwelling Classification (required for all J-1 and J-2 classifications)																	
Part C Construction Classification																	
Ex	Pr	Non-Combustible				Ex	Pr	Combustible				Ex	Pr	Old Code			
		I-A	4 Hour Protected						II-A	Heavy Timber					<input checked="" type="checkbox"/>	1	Fireproof Structures
		I-B	3 Hour Protected						II-B	Protected Wood Joist						2	Fire-protected Structures
		I-C	2 Hour Protected						II-C	Unprotected Wood Joist						3	Non-fireproofed Structures
		I-D	1 Hour Protected						II-D	Protected Wood Frame						4	Wood Frame Structures
		I-E	Unprotected						II-E	Unprotected Wood Frame						5	Metal Structures
																6	Heavy Timber Structures
Part D																	
Number of Stories 3								Ex	Pr	Fire Protection Equipment				Voluntary	Required		
Street Frontage Dimension (Demolitions only)										Standpipe							
Height 40'-0"										Sprinkler							
Number of Dwelling Units NA										Fire Alarm System							
Part E																	
Site Area Characteristics								Open Spaces									
	Tidal/Fresh Water Wetlands					Flood Plains					Loading Berths		sq. ft.		Plaza		sq. ft.
	Urban Renewal					Fire District					Parking		sq. ft.		Arcade		sq. ft.
Total Gross Floor Area of Building								sq. ft.		Number of: Parking Spaces				Loading Berths			

11 Place of Assembly			
Proposed Number of Persons		Old PA Number	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		City	
State		ZIP	
Title		Business Phone ()	

12 Signs			
Select One:		Illuminated	
Type of Sign:		Non-Illuminated	
Ground		Wall	
Roof		Roof Sign is tight, closed or solid	
Height above roof level		Weight	
ft. in.		lbs.	
Projection Beyond the Building Line		Total Square Footage of Sign	
ft. in.		sq. ft.	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name		First Name	
Business Name		M.I.	
Address		City	
State		ZIP	
Title		Business Phone ()	

Sidewalk Shed	Scaffold	Chute	<input checked="" type="checkbox"/>	Fence	Other:
Material of Construction plywood		BSA/MEA Approval Number		Sidewalk Shed/Linear Feet	

SP Sprinkler	Automatic	Non-Automatic	Entire	Partial
FA Fire Alarm System	Automatic	Non-Automatic	Entire	Partial
SD Standpipe			Entire	Partial
	Automatic	Non-Automatic	Entire	Partial

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Private	Public	Legal Width

The Zoning Lot on which the premises is located is bounded as follows:			
BEGINNING at a point on the	side of	distant	feet
of the corner formed by the intersection of		and	
running thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
to the point of beginning.			

[illegible]

Statements and Signatures	
Applicant's Statements All applicants must complete and sign below <input checked="" type="checkbox"/> I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations, <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">except as set forth in the accompanying documents.</div>	Owner's Statements <input checked="" type="checkbox"/> I have authorized the applicant to file this application for the work specified herein and all future amendments. Owner's Certification Regarding Occupied Housing Accommodations 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 control under Chapter 3 of Title 26 of the Administrative Code. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> </div> The owner has notified 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]. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date DHCR notified: </div>
Tract Housing Statement Complete if applicable and sign below Reference Job Number <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.</div>	
Applicant <input checked="" type="checkbox"/> I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Name JOHN J. GIARDULLO Signature Seal (P.E. or R.A.) </div> <div style="width: 45%;"> Date 6/26/06 </div> </div>	
Fee Exemption Request Statement <input checked="" type="checkbox"/> In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section. Owner <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Type of Ownership <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Government </div> <div>M.I.</div> </div> </div> <div style="margin-top: 5px;"> Last Name SINGER First Name ALAN Title EXECUTIVE DIRECTOR Business Name/Agency CONGREGATION SHEARITH ISRAEL Address 8 West 70th Street City New York State NY ZIP 10023 Phone (212) 873-0300 Name of Signator ALAN SINGER Relationship to Building Owner EXECUTIVE DIRECTOR Signature _____ Date _____ </div>	
If Corporation, name of second officer <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">Last Name</div> <div style="width: 45%;">First Name</div> <div>M.I.</div> </div> <div style="margin-top: 5px;"> Title _____ Address _____ City _____ State _____ ZIP _____ Phone () _____ </div>	
Falsification of any statement is a misdemeanor under Section 26-124 of the 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.	

Internal Use	
Application Complete for Filing and Fee Estimation Amount Due \$ 527.50 Cost Estimate (If different from applicant) Pre-Filer Name Date 6/30/06	
Approvals Examined and Recommended for Approval <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Approved for</div> <div>Foundation</div> <div>Earthwork Only</div> </div> Examiner Name _____ Examiner Signature _____ Date _____	Limitation(s): (To appear on permit) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Initial Amount Paid Verified By _____ Date _____ Balance Paid Verified By _____ Date _____	Other Approvals Examiner Name _____ Examiner Signature _____ Date _____
Stamps and Certifications: <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	
Approved Borough Superintendent Signature _____ Date _____	



Page _____ of _____



Schedule B
Plumbing/Sprinkler/Standpipe
 For Plumbing, Sprinkler, & Standpipe Installations/Repairs
 Please File 3 copies
 Application Must Be Typewritten
 (See Instructions)

1 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN C.B. No. 107
House No(s) 6	Street Name WEST 70TH STREET	Floor(s) 1ST & 2ND	

2 Installation Costs		
Work type costs:	PL: \$ 30,0000	SP: \$ SD: \$

3 Additional Considerations		Check this box if no components are typed in section 10 of this form	
Made to Remove Violation	Violation Number(s):	Complete revision	Changes/additional components

4 Drainage Information (required for all New Buildings)							
Storm Drainage Discharges into:				Sanitary Drainage Discharges into:			
Storm Sewer	Combined Sewer	Private Disposal	Sanitary Sewer	Combined Sewer	Private Disposal		

5 Sewer Work (check all that apply)		
SD1,2,3	Site Connection	Septic Tank

6 Cap/remove/replace/relocate (components)	Cap or remove	Replace	Relocate	Describe all below:

7 Gas and Gas Equipment Data	
Gas Piping Involved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Gas Fired Equipment:	
Gas meters/risers data (check off below all that apply. Check off types of gas usage for any listed meters /risers).	
Total Meters:	Location(s) (Floor/Apt. -- list all that apply for this application):
Total Risers:	Location(s) (Floor/Apt. -- list all that apply for this application):
Gas usage:	<input type="checkbox"/> Heat <input type="checkbox"/> Boiler Pilot for oil burner <input type="checkbox"/> Water Heater <input type="checkbox"/> Dryer <input type="checkbox"/> Cooking <input type="checkbox"/> Tankless Coil <input type="checkbox"/> HVAC <input type="checkbox"/> Fire Place <input type="checkbox"/> Other (describe):

8 Sprinkler Totals		Total number of sprinkler heads typed on back of form:
Water not off the domestic water supply	Water off the domestic water supply	Related PL job # of domestic water connection:

9 Statements and Signatures		Sign-off FOR INTERNAL USE ONLY
I hereby state that the information on this form is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the 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 hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the New York City Department of Buildings. <input type="checkbox"/> Sign off for _____ (define worktype/s) Inspector's Name (print) Badge # Signature Date
Applicant Name JOHN CIARDULLO Signature Date 6/17/06		

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10 Equipment Information (for new work only)		Floors - Indicate # of proposed components and/or X for piping									
System (work type)	Piping/Equipment/Fixture Components	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Sprinkler (SP)	* P Sprinkler Piping - Dry										
	* P Sprinkler Piping - Wet										
	* E Dry Pipe Valve										
	* E Booster Pump - SP										
	F Floor/Riser Control Valve										
	F Siamese FDC										
	F Sprinkler Heads										
Sprinkler (PL)	* P Sprinkler Piping Wet										
	F Sprinkler Heads (thirty or less)										
Fire Standpipe (SD)	* P Standpipe Piping										
	* E Fire Pump										
	* E Booster Pump - SD										
	F Floor/Riser Control Valve										
	F Hose Cabinet/Rack/Valve										
Water/San. (PL)	* P Sanitary Piping (Soil & Venting)										
	* P Water Piping										
	P Water Service Piping										
	E Sewer Ejection Pump										
	F Bathtubs/Whirlpools/Hot Tub/Sauna										
	F Bidet										
	F Chiller/Cooler										
	F Dishwasher										
	F Domestic Water Tank/Pump										
	F Drinking Fountain										
	F Floor Drain										
	F Grease Trap/Oil Separator										
	F Ice Maker										
	F In-sink Garbage Disposal										
	F Lavatory (Common Wash Basin)										
	F Laundry - Standpipe										
	F Pool										
	F RPZ/Backflow Preventer										
	F Sink - Non Residential										
	F Sink - Residential										
	F Stall Shower										
	F Tankless Coil										
	F Toilet (Water Closet)										
	F Urinal										
	F Washing Machine										
	F Water Heater (Non-Gas)										
	Storm (PL)	* P Storm Drainage Piping									
E Sump Pump											
F Area/Yard Drain											
F Detention Tank											
F Dry Well/Retention											
Gas (PL)	* P Gas Piping										
	E Emergency Shut-off Valve										
	* E Fire Suppression Shut-off Valve										
	E Gas Booster Pump										
	F Cooking Equipment (non-residential)										
	F Cooking Equipment (residential)										
	F Gas Boiler (<350K, non-comm, <6fam)										
	F Gas Burner										
	F Gas Dryer										
	F Gas Furnace										
	F Gas Meter										
Medical (PL)	* P Medical Gas Piping										
	E Assorted Medical Equipment										

"*" Indicates Test may be required.

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Page ____ of ____

Schedule B
Plumbing/Sprinkler/Standpipe
 For Plumbing, Sprinkler, & Standpipe Installations/Repairs
 Please File 3 copies
 Application Must Be Typewritten
 (See Instructions)

Job Number

(Affix Label)

1 Location				
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN	C.B. No. 107
House No(s) 6	Street Name WEST 70TH STREET		Floor(s) 1ST & 2ND	

2 Installation Costs			
Work type costs:	PL: \$30,0000	SP: \$	SD: \$

3 Additional Considerations		Check this box if no components are typed in section 10 of this form	
Made to Remove Violation	Violation Number(s):	Complete revision	Changes/additional components

4 Drainage Information (required for all New Buildings)							
Storm Drainage Discharges into:				Sanitary Drainage Discharges into:			
Storm Sewer	Combined Sewer	Private Disposal	Sanitary Sewer	Combined Sewer	Private Disposal		

5 Sewer Work (check all that apply)		
SD1,2,3	Site Connection	Septic Tank

6 Cap/remove/replace/relocate (components)	Cap or remove	Replace	Relocate	Describe all below:

7 Gas and Gas Equipment Data	
Gas Piping Involved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Gas Fired Equipment:	
Gas meters/risers data (check off below all that apply. Check off types of gas usage for any listed meters /risers).	
Total Meters:	Location(s) (Floor/Apt. -- list all that apply for this application):
Total Risers:	Location(s) (Floor/Apt. -- list all that apply for this application):
Gas usage:	<input type="radio"/> Heat <input type="radio"/> Boiler Pilot for oil burner <input type="radio"/> Water Heater <input type="radio"/> Dryer <input type="radio"/> Cooking <input type="radio"/> Tankless Coil <input type="radio"/> HVAC <input type="radio"/> Fire Place <input type="radio"/> Other (describe):

8 Sprinkler Totals		Total number of sprinkler heads typed on back of form:
Water not off the domestic water supply	Water off the domestic water supply	Related PL job # of domestic water connection:

9 Statements and Signatures		Sign-off FOR INTERNAL USE ONLY
I hereby state that the information on this form is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the 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 hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the New York City Department of Buildings. <input type="checkbox"/> Sign off for _____ (define worktype/s) Inspector's Name (print) Badge # Signature Date
Applicant Name JOHN CIARDULLO Signature Date 6/12/06		

Revised 12/31/03 PW-1B

Revised 12/31/03 PW-1B



Page ____ of ____

Schedule B
Plumbing/Sprinkler/Standpipe
 For Plumbing, Sprinkler, & Standpipe Installations/Repairs
 Please File 3 copies
 Application Must Be Typewritten
 (See Instructions)

Job Number
(Affix Label)

1 Location			
Borough MANHATTAN	Block 1122	Lot(s) 37	BIN C.B. No. 107
House No(s) 6	Street Name WEST 70TH STREET	Floor(s) 1ST & 2ND	

2 Installation Costs			
Work type costs:	PL: \$30,0000	SP: \$	SD: \$

3 Additional Considerations			
Check this box if no components are typed in section 10 of this form			
Made to Remove Violation	Violation Number(s):	Complete revision	Changes/additional components

4 Drainage Information (required for all New Buildings)							
Storm Drainage Discharges into:				Sanitary Drainage Discharges into:			
Storm Sewer	Combined Sewer	Private Disposal	Sanitary Sewer	Combined Sewer	Private Disposal		

5 Sewer Work (check all that apply)			
SD1,2,3	Site Connection	Septic Tank	

6 Cap/remove/replace/relocate (components)	Cap or remove	Replace	Relocate	Describe all below:

7 Gas and Gas Equipment Data				
Gas Piping Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Describe Gas Fired Equipment:				
Gas meters/risers data (check off below all that apply. Check off types of gas usage for any listed meters /risers).				
Total Meters:	Location(s) (Floor/Apt. -- list all that apply for this application):			
Total Risers:	Location(s) (Floor/Apt. -- list all that apply for this application):			
Gas usage:	<input type="radio"/> Heat	<input type="radio"/> Boiler Pilot for oil burner	<input type="radio"/> Water Heater	<input type="radio"/> Dryer
	<input type="radio"/> Cooking	<input type="radio"/> Tankless Coil	<input type="radio"/> HVAC	<input type="radio"/> Fire Place
	<input type="radio"/> Other (describe):			

8 Sprinkler Totals			Total number of sprinkler heads typed on back of form:
Water not off the domestic water supply	Water off the domestic water supply	Related PL job # of domestic water connection:	

9 Statements and Signatures		Sign-off FOR INTERNAL USE ONLY
I hereby state that the information on this form is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the 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 hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the New York City Department of Buildings.
Applicant Name JOHN CIARDULLO Signature Date 6/12/06		<input type="checkbox"/> Sign off for _____ (define worktype/s) Inspector's Name (print) Badge # Signature Date

Revised 12/31/03 PW-18

10 Equipment Information (for new work only)			Floors - Indicate # of proposed components and/or X for piping											
System (work type)		Piping/Equipment/Fixture Components	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
Sprinkler (SP)	*	P Sprinkler Piping - Dry												
	*	P Sprinkler Piping - Wet												
	*	E Dry Pipe Valve												
	*	E Booster Pump - SP												
	F	Floor/Riser Control Valve												
	F	Siamese FDC												
	F	Sprinkler Heads												
Sprinkler (PL)	*	P Sprinkler Piping Wet												
	F	Sprinkler Heads (thirty or less)												
Fire Standpipe (SD)	*	P Standpipe Piping												
	*	E Fire Pump												
	*	E Booster Pump - SD												
	F	Floor/Riser Control Valve												
	F	Hose Cabinet/Rack/Valve												
	F	Siamese FDC												
Water/San. (PL)	*	P Sanitary Piping (Soil & Venting)												
	*	P Water Piping												
	P	Water Service Piping												
	E	Sewer Ejection Pump												
	F	Bathtubs/Whirlpools/Hot Tub/Sauna												
	F	Bidet												
	F	Chiller/Cooler												
	F	Dishwasher												
	F	Domestic Water Tank/Pump												
	F	Drinking Fountain												
	F	Floor Drain												
	F	Grease Trap/Oil Separator												
	F	Ice Maker												
	F	In-sink Garbage Disposal												
	F	Lavatory (Common Wash Basin)												
	F	Laundry - Standpipe												
	F	Pool												
	F	RPZ/Backflow Preventer												
	F	Sink - Non Residential												
	F	Sink - Residential												
	F	Stall Shower												
	F	Tankless Coil												
	F	Toilet (Water Closet)												
	F	Urinal												
	F	Washing Machine												
	F	Water Heater (Non-Gas)												
Storm (PL)	*	P Storm Drainage Piping												
	E	Sump Pump												
	F	Area/Yard Drain												
	F	Detention Tank												
	F	Dry Well/Retention												
Gas (PL)	*	P Gas Piping												
	E	Emergency Shut-off Valve												
	*	E Fire Suppression Shut-off Valve												
	E	Gas Booster Pump												
	F	Cooking Equipment (non-residential)												
	F	Cooking Equipment (residential)												
	F	Gas Boiler (<350K, non-comm, <6fam)												
	F	Gas Burner												
	F	Gas Dryer												
	F	Gas Furnace												
	F	Gas Meter												
	F	Gas Water Heater												
Medical (PL)	*	P Medical Gas Piping												
	E	Assorted Medical Equipment												

"*" Indicates Test may be required.

Revised 12/31/03 PW-1B



THE NEW YORK CITY LANDMARKS PRESERVATION COMMISSION
1 CENTRE STREET 9TH FLOOR NORTH NEW YORK, NY 10007
TEL: 212 669-7700 FAX: 212 669-7780



PERMIT

CERTIFICATE OF NO EFFECT

ISSUE DATE: 08/16/05	EXPIRATION DATE: 08/17/2009	LOCKET #: 061169	CNE #: CNE 06-1265
ADDRESS 6 WEST 70TH STREET CONGREGATION SHEARITH ISRAEL SYNAGOGUE INDIVIDUAL LANDMARK		BOROUGH: MANHATTAN	BLOCK/LOT: 1122 / 37

Display This Permit While Work Is In Progress

AUG 24 2005

ISSUED TO:

Alan Singer, Exec. Director
Congregation Shearith Israel
8 West 70th Street
New York, NY 10023

104203265



DEPT. OF BLDGS.

PROFESSIONAL CERTIFICATION
DEPARTMENT OF BUILDINGS
STAMP NUMBER 5 OF 10

Pursuant to Section 25-306 of the Administrative Code of the City of New York, the Landmarks Preservation Commission hereby approves certain alterations to the subject premises as proposed in your application completed on August 16, 2005.

The approved work consists of interior alterations only at the 1st and 2nd floors, including the demolition and construction of non-bearing partitions; as shown in drawings A100, A101, G100, and T100; dated July 28, 2005, prepared by John Ciardullo, and submitted as components of the application.

The Commission has reviewed the application and these drawings and finds that the work will have no effect on significant protected features of the building.

This permit is issued on the basis of the building and site conditions described in the application and disclosed during the review process. By accepting this permit, the applicant agrees to notify the Commission if the actual building or site conditions vary or if original or historic building fabric is discovered. The Commission reserves the right to amend or revoke this permit, upon written notice to the applicant, in the event that the actual building or site conditions are materially different from those described in the application or disclosed during the review process.

All approved drawings are marked approved by the Commission with a perforated seal indicating the date of

ey
Fut 15/16/17

cc: C. Kane Levy, Deputy Director of Preservation

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-07-2019 BY 60322 UCBAW



DOB FOIL-A 000067

REGISTERED ARCHITECT
JOHN CIARDULLO
STATE OF NEW YORK
00466
08.17.05

Plan/Work Approval Application

Internal Use

104203265



DEPT. OF BLDGS.

1 Filing Status Select one and complete sections indicated			
<input checked="" type="checkbox"/> Initial Filing 2,3,4,5,6		<input type="checkbox"/> Subsequent Filing 2,3,4,5,7A,8,9,16	
Job involves a development project.		Job Number	
Job involves tract housing/cluster.		Work Type Suffix / OT	
Additions		Changes	
Number of buildings		Amendment	
Project Name		Reinstatement	
Project I.D. RESERVED FOR D.O.B.		Withdrawal	
I am the original applicant applying for additional approvals.			
I am a subsequent applicant taking responsibility for the items specified herein.			

2 Location			
Borough	MANHATTAN	Block	1122
House No(s)	6	Lot(s)	37
Street Name	WEST 70TH STREET	BIN	
Special Place Name	BEIT RABBAN DAY SCHOOL	C.B. No.	107
		Apt/Condo No(s)	
		Floor(s)	1ST & 2ND, 3RD & Bas.

3 Applicant		The following information represents a change to the original filing	
Last Name	CIARDULLO	First Name	JOHN
Business Name	JOHN CIARDULLO ASSOCIATES, P.C.	ML	J.
Address	221 West 57th Street, 9th floor	Business Phone (212)	245-0010
	City New York	State NY	ZIP 10019
PE	<input checked="" type="checkbox"/>	RA	<input type="checkbox"/>
Other	<input type="checkbox"/>	Lic. No.	10466

4 Filing Representative Complete if different from applicant.			
Last Name	JIMENEZ	First Name	IRIS
Business Name	J.M.V. ASSOCIATES, LLC	ML	
Address	39-29 Bell Blvd., suite # 4	Business Phone (718)	631-0006
	City Bayside	State NY	ZIP 11361

5 Additional Considerations			
Directive 14 Acceptance Requested	Old Code Review Requested	Infill Zoning	Quality Housing
Legalization of work done after 1/1/89	Application is being made to comply with:		Site Safety Job
			Local Law 5 of 1973
			Local Law 16 of 1984

6 Initial Filing Complete sections and schedules indicated to the right of only one selected job type.			
New Building	8,9,10,15,16, Schedule A	Subdivision:	9
Alteration	7	Improved Property	Restrictive Declaration:
Demolition	8,9,10D	Unimproved Property	Landmark
Sign	7A,8,9,10A,12	Condominiums	Single Room Occupancy
Place of Assembly	11	Page No.	BSA Calendar Number
	Related Job Number:	Other:	CFC Calendar Number

7 Alterations Indicate type of alteration and complete appropriate sections and schedules.			
<input checked="" type="checkbox"/> Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A		Select One:	X New C of O
Change to:	X Occupancy/Use	Room Count/Dwelling Units	Egress
Enlargement:	Horizontal	Vertical	Partial Demolition
Alteration - Type II Complete 7A and indicated sections and schedules.		Select One:	Equipment Installation
FL Plumbing - 9,10D,PW-1B	FB Fuel Burning - 9,PW-1C	SP Sprinkler - 9,10A,10B,10C,14,PW-1B	Equipment Repair/Modification
MH Mech./HVAC - 9,10A	FS Fuel Storage - 9,PW-1C	FA Fire Alarm - 9,14	EQ Construction Equip. - 13
BL Boiler - 9,PW-1C	SD Standpipe - 9,10,11C,13,14	FP Fire Suppression - 9,14	Other - 9, Describe below:
Alteration - Type III Complete sections 7A,8 (EQ,CC, or CI work types only), 9,10A,10B,10C,10D			

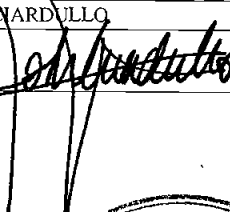
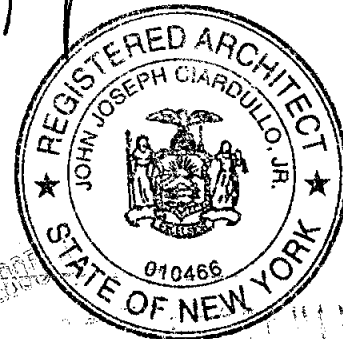
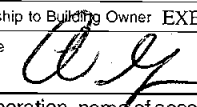
Part A Job Description (Required for all alterations)			
Estimated Cost Total \$	100,000	Work Type Costs (Alteration Type II only):	OT \$ 100,000
PROPOSED MINOR INTERIOR DEMOLITION/PART (A) INTERIOR WALL AND CHILING TILE REMOVAL NEW INTERIOR WALL CONSTRUCTION AND CEILING TILE REPLACEMENT FOR PROPOSED NEW CLASSROOM SPACES. MINOR ELECTRICAL WORK, NEW LIGHTING LAYOUT WITH REINSTALLATION OF EXISTING CEILING GRID. ALL AS PER PLANS FILED HEREWITH. PROPOSED CHANGE OF OCCUPANCY LOAD.			
Alteration Jobs only:	Proposed Additional Floor Area	Sq. ft.	Structural Stability will not be affected by this alteration

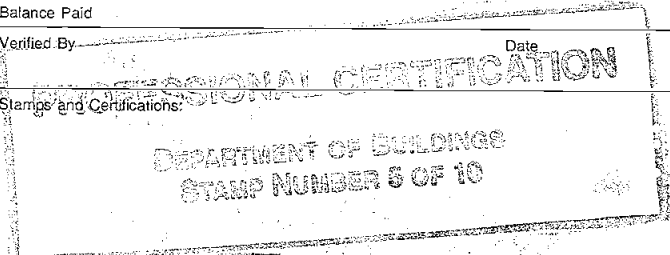
8 Work Types Submitted				9 Plans Submitted							
PL	Plumbing	-	PW-1B	SP	Sprinkler	-	14, PW-1B	ZO	Zoning	ME	Mechanical
MH	Mech/HVAC	-		FA	Fire Alarm	-	14	X AR	Architectural	PL	Plumbing
BL	Boiler	-	PW-1C	EQ	Construction Equip.	-	13	ST	Structural	FO	Foundation
FB	Fuel Burning	-	PW-1C	FP	Fire Suppression	-	14	NP	No Plans		
FS	Fuel Storage	-	PW-1C	CC	Curb Cut	-	7A, Indicate total linear feet:				
SD	Standpipe	-	14	X OT	Other	-	Description: GENERAL CONSTRUCTION				

10 Building Characteristics												
Part A												
Zoning District(s) R-10A				Special District Name				Map Number 8C				
Part B Occupancy Classification												
Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name	
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)	
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling	
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)	
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous	
		D-1	Industrial (Moderate Hazard)	X	X	G	Education				Old Code - Public Buildings	
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings	
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings	
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)					
Multiple Dwelling Classification (required for all J-1 and J-2 classifications)												
Part C Construction Classification												
Ex	Pr	Non-Combustible		Ex	Pr	Combustible		Ex	Pr	Old Code		
		I-A	4 Hour Protected			II-A	Heavy Timber			1	Fireproof Structures	
		I-B	3 Hour Protected			II-B	Protected Wood Joist			2	Fire-protected Structures	
		I-C	2 Hour Protected	X		II-C	Unprotected Wood Joist	X		3	Non-fireproofed Structures	
		I-D	1 Hour Protected			II-D	Protected Wood Frame			4	Wood Frame Structures	
		I-E	Unprotected			II-E	Unprotected Wood Frame			5	Metal Structures	
										6	Heavy Timber Structures	
Part D												
Number of Stories 3				Ex	Pr	Fire Protection Equipment		Voluntary		Required		
Street Frontage Dimension (Demolitions only)						Standpipe						
Height 40'-0"						Sprinkler						
Number of Dwelling Units NA						Fire Alarm System						
Part E												
Site Area Characteristics						Open Spaces						
	Tidal/Fresh Water Wetlands			Good Planting			Loading Berths		sq. ft.		Plaza	sq. ft.
	Urban Renewal			Fire District			Parking		sq. ft.		Arcade	sq. ft.
Total Gross Floor Area of Building				sq. ft.	Number of: Parking Spaces					Loading Berths		

11 Place of Assembly			
Proposed Number of Persons		Old PA Number	
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name	First Name	M.I.	Title
Business Name		Business Phone ()	
Address		City	State ZIP

12 Signs			
Select One:		illuminated	Non-Illuminated
Type of Sign:	Ground	Wall	Roof
Height above roof level	ft.	Weight	lbs.
Projection Beyond the Building Line	ft. in.	Total Square Footage of Sign	sq. ft.
Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.			
Last Name	First Name	M.I.	Title
Business Name		Business Phone ()	
Address		City	State ZIP

Statements and Signatures		Owner's Statements	
Applicant's Statements All applicants must complete and sign below <input checked="" type="checkbox"/> I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations, except as set forth in the accompanying documents.		<input checked="" type="checkbox"/> I have authorized the applicant to file this application for the work specified herein and all future amendments.	
Tract Housing Statement Complete if applicable and sign below Reference Job Number I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.		Owner's Certification Regarding Occupied Housing Accommodations 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 control under Chapter 3 of Title 26 of the Administrative Code. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Applicant <input checked="" type="checkbox"/> I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted. Name <u>JOHN J. CIARDULLO</u> Date <u>08.17.05</u> Signature  Seal (P.E. or R.A.) 		Fee Exemption Request Statement <input checked="" type="checkbox"/> In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section. Owner Type of Ownership Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/> Last Name <u>SINGER</u> First Name <u>ALAN</u> M.I. <u>M.I.</u> Title <u>EXECUTIVE DIRECTOR</u> Business Name/Agency <u>CONGREGATION SHEARITH ISRAEL</u> Address <u>8 West 70th Street</u> City <u>New York</u> State <u>NY</u> ZIP <u>10023</u> Phone (212) <u>873-0300</u> Name of Signator <u>ALAN SINGER</u> Relationship to Building Owner <u>EXECUTIVE DIRECTOR</u> Signature  Date <u>8/17/05</u> If Corporation, name of second officer Last Name <u> </u> First Name <u> </u> M.I. <u> </u> Title <u> </u> Address <u> </u> City <u> </u> State <u> </u> ZIP <u> </u> Phone () <u> </u>	
Falsification of any statement is a misdemeanor under Section 26-124 of the 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.			

Internal Use		Approvals	
Application Complete for Filing and Fee Estimation Amount Due <u>\$1118.50 + \$15.00 Fee Exemption</u> Cost Estimate (If different from applicant) <u>\$100,000.00</u> Pre-Filer Name <u>T.G.</u> Date <u>08/19/05</u> Initial Amount Paid <u> </u> Verified By <u> </u> Date <u> </u> Balance Paid <u> </u> Verified By <u> </u> Date <u> </u> Stamps and Certifications: 		Examiners and Recommended for Approval Approved for <input type="checkbox"/> Foundation <input type="checkbox"/> Earthwork Only <input type="checkbox"/> Examiner Name <u> </u> Date <u> </u> Examiner Signature <u> </u> Date <u> </u> Limitation(s): (To appear on permit) <u> </u> Other Approvals Examiner Name <u> </u> Date <u> </u> Examiner Signature <u> </u> Date <u> </u> Approved <u> </u> Date <u> </u> Borough Superintendent Signature <u> </u> Date <u> </u>	

13 Construction Equipment

Sidewalk Shed	Scaffold	Chute	Fence	Other:
Material of Construction		BSA/MEA Approval Number		Sidewalk Shed/Linear Feet

14 Fire Protection Equipment

SP Sprinkler	Automatic	Non-Automatic	Entire	Partial
FA Fire Alarm System	Automatic	Non-Automatic	Entire	Partial
SD Standpipe	Automatic	Non-Automatic	Entire	Partial

15 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status

Private	<input checked="" type="checkbox"/> Public	Legal Width 60'
---------	--	-----------------

WEST 70th STREET

64'

108' 7"

100.42'

100.42'

64'

CENTRAL PARK WEST

N

Description of Land and Premises

The Zoning Lot on which the premises is located is bounded as follows:

BEGINNING at a point on the	SOUTH	side of	West 70th Street	distant	108	feet
W of the corner formed by the intersection of	West 70th Street	and	Central Park West			
running thence	South	100.42	feet; thence	W.	64.00	feet;
thence	North	100.42	feet; thence	E.	64.00	feet;
thence			feet; thence			feet;
thence			feet; thence			feet;
to the point of beginning.						

16 Comments

For New Buildings - Ultimate Number of Stories proposed:

PROFESSIONAL CERTIFICATION

APPROVED PER OPPN #1/04

Professional Certification

Manhattan

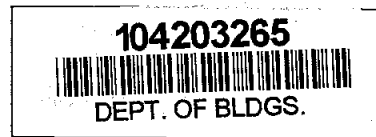
AUG 24 2005

Schedule A Occupancy/Use

[illegible]

08.17.05

Remarks

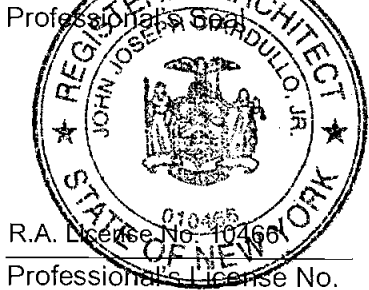


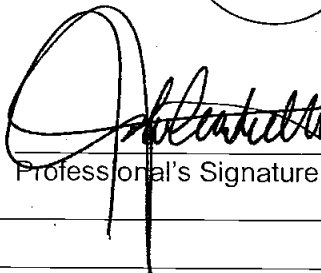
Professional and Owner Certification

Please file three (3) originals

1. Professional's Certification


"I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings."



 08.17.05
Professional's Signature & Date

2. Owner's Statement

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."

 8/17/05
Owner's Signature & Date

3. Applicant's Contact Information

	Fax Numbers	Email Addresses
Applicant	(212) 245-0024	dodokogbe@jca-architecture.com
Owner	(877) 873-0300	mbendit@att.net
Filing Representative	(31) 331-7805	pilarvelez@jmvassociatesllc.com

POC-1, dated 1/16/04



Professional and Owner Certification

Please file three (3) originals

1. Professional's Certification

"I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings."



R.A. License No. 10466

Professional's License No.

[Signature] 08.17.05
Professional's Signature & Date

2. Owner's Statement

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."

[Signature] 8/17/05
Owner's Signature & Date

3. Applicant's Contact Information

Phone Numbers	Email Addresses
Applicant (212) 245-0020	dodokogbe@jca-architecture.com
Owner (212) 873-0300	mbendit@att.net
Filing Representative (718) 831-7805	pilarvelez@jmvassociatesllc.com

Approved Per OPPN #1024
Professional Certification
Manhattan
AUG 24 2005

POC-1, dated 1/16/04



104203265



DEPT. OF BLDGS.

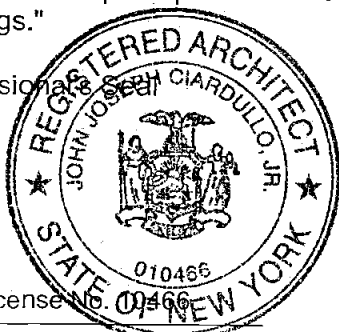
Professional and Owner Certification

Please file three (3) originals

1. Professional's Certification

"I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings."

Professional's



R.A. License No. 010466
Professional's License No.

Professional's Signature & Date

2. Owner's Statement

"I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations."

Owner's Signature & Date

3. Applicant's Contact Information

	Tax Numbers	Email Addresses
Applicant	(212) 245-0020	dodokogbe@jca-architecture.com
Owner	(212) 873-0300	mbendit@att.net
Building Representative	(718) 631-7805	pilarvelez@jmvassociatesllc.com

POC-1, dated 1/16/04



Required for all applications for Professional Certification
Both sides must be filled out. Check yes or no (y/n) for each and every item.

Location	
Borough MANHATTAN	Block 1122
House No. 6	Street Name West 107th St



ITEMS REQUIRED PRIOR TO APPROVAL

Y	N	
✓		BSA/CPC APPROVAL
✓		LANDMARKS APPROVAL
✓		LANDMARKS SIGNOFF
✓		SEWER CONNECTION: DEP SD-1, SD-2
✓		HPD: CERTIFICATE OF NO HARASSMENT
✓		CLINTON DISTRICT: HPD CERTIFICATION
✓		U.S. ARMY CORPS OF ENGINEERS APPROVAL
✓		TRANSIT AUTHORITY APPROVAL
✓		FIRE ALARM/SIGNAL SYSTEM (FA) SIGNOFF
✓		URBAN RENEWAL AREA: HPD APPROVAL
✓		SEPTIC INSTALLATION: DEP APPROVAL
✓		ADDRESS: NEW HOUSE NUMBER APPROVED
✓		TAX LOT: TENTATIVE LOT NUMBER ISSUED
✓		STREET: NEW STREET NAME APPROVED
✓		FIRE PROTECTION PLAN (FPP): FDNY APPROVAL
✓		LOFT BOARD CERTIFICATE
✓		ASBESTOS ACP 5 OR 7 OR ASB4
✓		BSA VARIANCE
✓		TREE REMOVAL: OUTSIDE PROPERTY LINE/PARKS APPROVAL
✓		TREE REMOVAL: SPECIAL ZONING DISTRICTS/CPC APPROVAL
✓		FOREIGN GOVERNMENT PROPERTY: STATE DEPT LETTER
✓		BPP — PARKS: REMOVE MATURE TREE
✓		BPP — BSA REQUIREMENTS
✓		BPP — CPC REQUIREMENTS
✓		BPP — TA: RELOCATE BUS STOP
✓		BPP — DEP: NON-STD DRAINAGE STRUCTURE
✓		BPP — NYS DEC: DRAIN STREET TO WETLAND
✓		BPP: DOT PERMISSION TO MOVE FRANCHISE
✓		STREET: UNMAPPED — NOTIFY EMERGENCY AGENCIES
✓		HOA DECLARATION
✓		SITE CONNECTION: DEP
✓		BPP — UTILITY APPROVAL TO RELOCATE POLE
✓		ENVIRONMENTAL "E" — DEP NOTICE TO PROCEED
✓		SITE SURVEY: INITIAL
✓		RESTRICTION: EASEMENT AGREEMENT
✓		RESTRICTION: DEED
✓		FEE: CIVIL PENALTY FOR LEGALIZATION
✓		FOUNDATION PLAN APPROVAL
✓		WATERFRONT AREA ZONING COMPLIANCE
✓		APPLICANT TO SELF-CERTIFY OBJECTIONS
✓		IDENTIFY THE PRIMARY JOB (PW-1 §16)
✓		STEEL AFFIDAVIT: PRELIMINARY
✓		ADULT ESTABLISHMENT APPROVAL
✓		BPP: FILING REQUIRED
✓		BPP: NOTES REQUIRED ON PLAN
✓		BPP: TOPOGRAPHIC SURVEY
✓		BPP: PHOTOS — SIGNED/SEALED BY APPLICANT
✓		BPP: INFRASTRUCTURE AND SITE SKETCH
✓		BPP: SITE PLAN — NEW R.O.W. INSTALLATION
✓		BPP: GRADE STUDY
✓		BPP: STREET DRAINAGE APPLICATION
✓		BPP: DISTINCT SIDEWALK — LEGAL AGREEMENT
✓		BPP: DISTINCT SIDEWALK — STONE TEST REPORT
✓		BPP: TRAFFIC ENG STDY — CC IN INTERSECTION
✓		BPP: CONTRACTOR BOND — INSTALL ROADWAY
✓		BPP: WAIVER OF GRADE FILING
✓		BPP: CATCH BASIN/MANHOLE REQUIRED
✓		BPP: FIELD VISITS RESULTS NEEDED
✓		BPP: CHECKLIST IN LIEU OF PLANS — ALT
✓		SUBDIVISION SIGNOFF
✓		OAC REGISTRATION
✓		LOCAL LAW 58/1987 WAIVER
✓		ADULT ACTIVITY APPROVAL
✓		RESTRICTION: RESTRICTIVE DECLARATION
✓		CURB CUT — PROVIDE EXISTING NUMBERS (PW-1 §16)
✓		OTHER:

CONTROLLED INSPECTIONS (TR-1)

IDENTIFICATION OF RESPONSIBILITY REQUIRED PRIOR TO PERMIT
CERTIFICATION OF COMPLETION REQUIRED PRIOR TO S/O
CHECKING "Y" INDICATES BOTH REQUIREMENTS

Y	N	
✓		BORINGS / TEST PITS — PRIOR TO APPROVAL (TR-4) (27-720)
✓		PILING (TR-5) (27-721)
✓		SUBGRADE (27-723, DIRC 15/71)
✓		CONTROLLED FILL (27-679(a))
✓		UNDERPINNING (27-724)
✓		SOIL BEARING PRESSURE (AI-1) (27-678)
✓		WELDING (27-616)
✓		ALUMINUM (TABLE 10-2)
✓		LAMINATED WOOD (TABLE 10-2)
✓		HIGH STRENGTH BOLTS (TABLE 10-2)
✓		CABLE FITTINGS (TABLE 10-2(640))
✓		SMOKE TEST (27-868)
✓		FIRE STOPS (27-345)
✓		VENTILATION SYSTEM - ENGINEER/INSTALLER (27-136, 779)
✓		VENTILATION SYSTEM - FIRE DAMPERS (27-343(d), 779)
✓		FUEL BURNING / STORAGE (27-794)
✓		NOISE CONTROL TESTS (27-768, 769, 770)
✓		REFRIGERATION SYSTEM (27-781)
✓		HIGH PRESSURE STEAM (1 RCNY §20-02)
✓		SOIL PERCOLATION TEST — DRY WELL RS16-P113
✓		SOIL PERCOLATION TEST — SEPTIC (RS 16-P113.9)
✓		CURTAIN / PANEL WALL (1 RCNY §32-01)
✓		SHORING (27-1010)
✓		STRUCTURAL STABILITY (1 RCNY §16-01)
✓		SPRAY ON FIREPROOFING - NEW INSTALLATION (27-324(f))
✓		SPRAY ON FIREPROOFING - INTEGRITY OF EXISTING (27-324(g))
✓		REINFORCED MASONRY (TABLE 10-2)
✓		MASONRY UNITS (RS 10-3.3.2)
✓		CONCRETE (27-603)
✓		CONCRETE — PRECAST (27-607)
✓		CONCRETE — PRE-STRESSED (27-607)
✓		CONCRETE DESIGN MIX (TR-3) (27-605)
✓		CONCRETE TEST CYLINDERS (TR-2) (27-607a(1))
✓		SPRINKLER TEST — HYDROSTATIC (27-967)
✓		STANDPIPE TEST (27-951)
✓		FIRE ALARM TEST (27-977)
✓		FINAL INSPECTION (DIRECTIVE 14 OF 1975)
✓		CHIMNEYS (27-856)
✓		EMERGENCY GENERATORS (27-794)
✓		EMERGENCY LIGHTING - PA (IF NOT IN COMPLIANCE WITH MEMO 2/19/81)
✓		GAS PIPING WELDING - HIGH PRESSURE (RS16-P115)
✓		HEATING SYSTEM / BOILERS (27-793)
✓		TENANT PROTECTION PLAN MEMO 1/06/84
✓		LAMINATED I BEAM — NOTIFICATION TO FDNY
✓		SEPTIC SYSTEM INSTALLATION (RS16-P113.3)
✓		DRYWELL INSTALLATION RETENTION/DETENTION (RS 16-P110.13)
✓		LT. GAUGE STEEL/WOOD FLR. TRUSSES/LAM. I-BEAM (TPN2/00)
✓		OTHER:

PROFESSIONAL CERTIFICATION
DEPARTMENT OF BUILDINGS
CLERK: [Signature]
DATE: [Date]

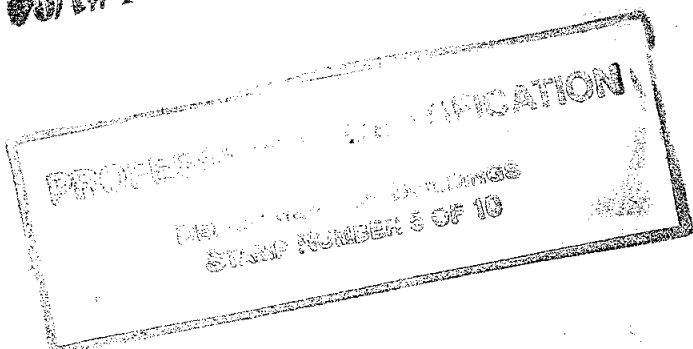
Required Items Checklist for Professional Certification

Both sides must be filled out. Check yes or no (y/n) for each and every item.

ITEMS REQUIRED PRIOR TO PERMIT

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SITE SAFETY PLAN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEMOLITION (DM) JOB SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCAVATION: FIVE-DAY NOTICE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COST AFFIDAVIT: ESTIMATED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SIDEWALK SHED PERMIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TEMPORARY FENCE APPLICATION & PERMIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCAFFOLD PERMIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MICROFILM: INITIAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSURANCE: WORKERS' COMPENSATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSURANCE: WORKERS' COMPENSATION WAIVER/AFFIDAVIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSURANCE: LIABILITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET OBSTRUCTION BOND
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSURANCE: DISABILITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ZONING EXHIBIT I: CERTIFICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ZONING EXHIBIT II: CERTIFICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ZONING EXHIBIT III: LOT DESCRIPTION/OWNERSHIP STATEMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ZONING EXHIBIT IV: CERTIFICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ZONING EXHIBIT V: CERTIFICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIR 14 IDENTIFICATION OF RESPONSIBILITY (TR-1)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASONRY MANUFACTURER'S STATEMENT (10H)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT (EQ) PERMITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STANDPIPE (SD) APPLICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER:

Approved Per OPN #100
Professional Certification
Manhattan



AUG 15 2005

Applicant Signature & Seal	
Name	JOHN J. CIARDULLO
Signature	<i>[Signature]</i> 08.05.05
Date	08.05.05

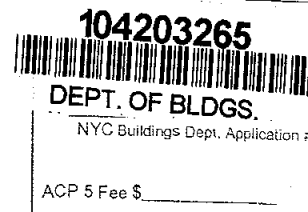
ITEMS REQUIRED PRIOR TO C/O OR SIGNOFF

Y	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LANDMARKS APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LANDMARKS SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEWER CONNECTION: DEP SD-1, SD-2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HPD: CERTIFICATE OF NO HARASSMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CLINTON DISTRICT: HPD CERTIFICATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	U.S. ARMY CORPS OF ENGINEERS APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSIT AUTHORITY APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM/SIGNAL SYSTEM (FA) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	URBAN RENEWAL AREA: HPD APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEPTIC INSTALLATION: DEP APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ADDRESS: NEW HOUSE NUMBER APPROVED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TAX LOT: FINAL LOT NUMBER ISSUED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET: NEW NAME APPROVED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE PROTECTION PLAN (FPP): FDNY APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASBESTOS ACP 5 OR 7 OR ASB4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BSA VARIANCE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WATER SUPPLY (PRIVATE): DOH APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL: DOH APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL: DEP APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TREE REMOVAL: OUTSIDE PROPERTY LINE/PARKS APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TREE REMOVAL: SPECIAL ZONING DISTRICTS/CPC APPROVAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE RETARDANT TREATED WOOD: FDNY CERTIFICATE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — DEP: INSTALL/MODIFY DRAINAGE STRUCTURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — DEP: INSTALL/RELOCATE FIRE HYDRANT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — PARKS: PLANT NEW TREE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — DOT: SIDEWALK ENCROACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — DOT: RELOCATE STREET LIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — DOT: SIDEWALK/CURB/ROAD WORK PERMITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — TA: INSTALL SIDEWALK OVER STATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP — ARTS COM: DISTINCTIVE SIDEWALK
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET: UNMAPPED — NOTIFY EMERGENCY AGENCIES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ENVIRONMENTAL "E" — DEP NOTICE OF SATISFACTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLOOD ZONE: FEMA ELEVATION CERTIFICATE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CERTIFICATE OF OCCUPANCY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLACE OF ASSEMBLY (PA) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPRINKLER (SP) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STANDPIPE (SD) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	ELEVATOR JOB SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	GASOLINE TANK SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES: FINAL PILE PLAN/CREOSOTE LETTER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MARQUEE (OT) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MECHANICAL (MH) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CURB CUT (CC) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	COST AFFIDAVIT: ACTUAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DETECTORS: SMOKE — CERTIFICATION OF INSTALLATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EQUIPMENT USE PERMITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SITE SURVEY: FINAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESTRICTION: EASEMENT AGREEMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESTRICTION: DEED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FIRE SUPPRESSION SYSTEM (FP) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FEE: PAY DEFERRED FEES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PLUMBING (PL) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILER (BL) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUEL BURNING (FB) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FUEL STORAGE (FS) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONSTRUCTION (OT) SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: FINAL SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: SIDEWALK & ROADWAY THICKNESS CORES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: SIDEWALK CONCRETE STRENGTH REPORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: MAINTENANCE AGREEMENT — RETAINING WALL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEMOLITION (DM) JOB SIGNOFF
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: ENGINEERS AFFIDAVIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: AS-BUILT SIDEWALK SURVEY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: FIELD INSPECTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BPP: FINAL AS-BUILT PHOTOGRAPHS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DETECTOR: CARBON MONOXIDE — CERTIFICATE OF INSTALLATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOLDER REVIEW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESTRICTION: RESTRICTIVE DECLARATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STEEL AFFIDAVIT: FINAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MASONRY SUPPLIER'S STATEMENT (10J)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER:



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION

Asbestos Control Program

59-17 Junction Boulevard, 8th Floor, Corona, NY 11368-5107**NOT AN ASBESTOS PROJECT**ONL
TYPEWRITTEN
FORMS WILL
BE ACCEPTED

When submitting this form at the NYC Department of Buildings, the original form and three (3) copies with original signature and seal are required. Submittal at the NYCDEP requires one copy of the form with original signature and seal.

2. Facility Address 8 West 70th Street Borough Manhattan Zip 10023
 AKA Private School/Offices 3. Block 1122 4. Lot 37
 5. Building Owner Congregation Shearith Israel Tel. # 888-447-1591
 6. Address 8 West 70th Street State NY Zip 10022
 7. Contact Person Michael Bendit 8. Tel. # 888-447-1591
 9. Description of the Entire Scope of Work Interior Renovation on floors 1 and 2

10. Est. Start Date _____ ☒ As soon as permit approved Est. Completion Date _____ of the Entire Scope of Work.11. I, Sanjay Patel, have conducted an asbestos investigation on 7/25/05 in accordance with
Name of Certified Asbestos Investigator Date

Sections 1-16 and 1-27 of the NYC DEP Asbestos Control Program Rules and declare that at said facility address, the

- ☐ a. premise to be demolished is free of any asbestos containing material (ACM).
☐ b. premise to be demolished contains 10 square feet or less or 25 linear feet or less of ACM.
☐ c. cumulative surfaces of structure(s) affected by the work are free of ACM.
☐ d. cumulative surfaces of structure(s) affected by the work contain 10 square feet or less or 25 linear feet or less of ACM.
☐ e. normally non-friable ACM shall be disturbed/removed. Specify amount: _____ square feet
☒ f. ACM will not be disturbed during the scope of work. Specify amount of ACM present: 2,535 square feet --- linear feet

All ACM specified in "b", "d", or "e" must be removed in accordance with the DEP Asbestos Rules or NYS DOL ICR56.*

12. RESULTS OF BUILDING SURVEY AND HAZARD ASSESSMENT:

FLOOR (including cellar and basement)	DESCRIBE SECTION OF FLOOR (e.g. entire, east wing, room #, boiler room, lobby, etc.)	ALL MATERIALS ASSUMED TO CONTAIN ACM AND/OR SAMPLED	NUMBER OF SAMPLES ANALYZED	ASBESTOS PRESENT YES NO	ASSUMED ACM
1/2	Entire Floor	Wall/ceiling plaster	18		X
		Leveling Compound	1		X
		Sheetrock	2		X
		12" fray & Pink FT/mastic	5		X
		Ceiling Panels/Tiles/glue	8		X
		12" beige floor tiles	2	X	
		9-inch VAT/mastic	3	X	
		Tag Board	1		X

13. Analytical Laboratory AmeriSci14. ELAP # 1148015. Date(s) Samples Analyzed 7/30/05

16. I hereby declare the information provided herein is true and complete.

95200 08/12/05 (201) 794-6900

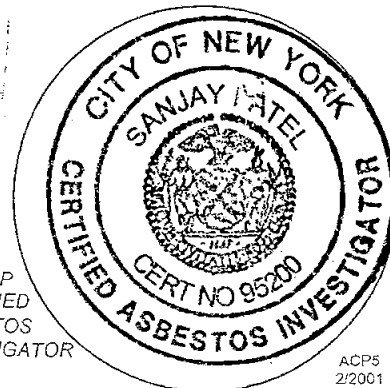
NYC DEP Certified Asbestos Investigator's Signature

Certificate Number

Daytime Telephone Number

Any modification or deviation from information provided on this form must be reported immediately in writing directly to the NYCDEP. The requirements of the Asbestos Control Program Rules may not be lawfully avoided or lessened through the performance of work in incremental or piecemeal fashion.

* In-plant operations, as defined in §56-3.1 of ICR56, are not permitted in New York City.

SEAL
OF THE
NYC DEP
CERTIFIED
ASBESTOS
INVESTIGATORACP5
2/2001

RPAD / /1/ DOB FOIL-A 000079 ~N04 33040
SECTION 4 VOLUME 6 IN MANHATTAN BLOCK 1122 LOT 37 SCC 3 DIST 85
TRUST CONG SHEARITH I 8 WEST 70 STREET 10023
W2 Educational Structures__ PAROCHIAL SCHOOLS YESHIVAS CLASS 4

** ACTUAL VALUES **

	AV LAND	AV TOTAL	EX LAND	EX TOTAL
05/06	1,755,000	2,034,000	1,755,000	2,034,000

EXEMPTION 1022 (25120) RELIGIOUS-SCHOOL

MKT VALUE 05/06 4,520,000

** TRANSITIONAL VALUES **

	AV LAND	AV TOTAL	EX LAND	EX TOTAL
05/06	1,563,750	1,817,550	1,563,750	1,817,550

PF6:PRINT SCREEN
PF7:NEXT BLOCK-LOT
PF8:PREVIOUS BLOCK-LOT

PF9:DESCRIPTIVE SCREEN
PF11:DETAILED EXEMPT SCREEN

PROFESSIONAL CERTIFICATION

EXEMPL

104203265
DEPT. OF BLDGS.
AUG 24 2005

PROFESSIONAL CERTIFICATION

DEPARTMENT OF BUILDINGS
STAMP NUMBER 2 OF 10

Approved Per OPPN #1/04
Professional Certification
Manhattan

age: 1 Document Name: unt: led

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*****
* 13:15          T H E    C I T Y    O F    N E W    Y O R K          *
*          DEPARTMENT OF BUILDINGS MANHATTAN_____ BOROUGH OFFICE    *
*                  I-N-V-O-I-C-E                                     *
*
*  >>>>>>>>>  INVOICE NO.:                INVOICE DATE: //          <<<<<<<<<<<< *
*
*          JOB NO/TYPE  104203265 01  ALT1  OTHER THAN 1,2,3 FAMILY      *
*          APPLICANT   CIARDULLO JOHN J                                *
*****
*          PREMISE  MANHATTAN      6                WEST    70 STREET    *
*  APT NO./CONDO                                           *
*          FLOOR   BAS                                TO                *
*          BLOCK   01122  LOT(S)   00037                BIN    1028510    *
*
*          >>>>>  FEE EXEMPT          <<<<< *
*
*  TOTAL FEE                0.00  ----- *
*  PAYMENT RECEIVED         0.00          *
*      CC IF FILED          0.00          0.00 *
*  BALANCE DUE              0.00          *
*  --ASBESTOS PAYMENT       0.00          0.00  0005100250ASBREPAB *
*  --CIVIL PENALTY         0.00  ----- *
*****
          BALANCE DUE MAY BE SUBJECT TO CHANGE, EXCEPT PAYMENT FOR C/O

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Date: 8/23/2005 Time: 1:22:46 PM

age: 1 Document Name: unt: .ed

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*****
* 13:15          T H E    C I T Y    O F    N E W    Y O R K          *
*          DEPARTMENT OF BUILDINGS MANHATTAN_____ BOROUGH OFFICE    *
*                  I-N-V-O-I-C-E                                          *
*
* >>>>>>>>>  INVOICE NO.:          INVOICE DATE: //          <<<<<<<<<<< *
*
*          JOB NO/TYPE  104203265 01  ALT1  OTHER THAN 1,2,3 FAMILY      *
*          APPLICANT  CIARDULLO JOHN J                                  *
*****
*          PREMISE  MANHATTAN      6          WEST    70 STREET          *
*  APT NO./CONDO                                          *
*          FLOOR  BAS                      TO                      *
*          BLOCK  01122  LOT(S)    00037          BIN    1028510          *
*
*          >>>>>  FEE EXEMPT          <<<<<
*
*  TOTAL FEE          0.00  -----
*  PAYMENT RECEIVED    0.00
*      CC IF FILED      0.00          0.00
*  BALANCE DUE          0.00
*  --ASBESTOS PAYMENT    0.00          0.00    0005100250ASBREPAB *
*  --CIVIL PENALTY      0.00  -----
*****
          BALANCE DUE MAY BE SUBJECT TO CHANGE, EXCEPT PAYMENT FOR C/O

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Date: 8/23/2005 Time: 1:22:46 PM



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Jc	104203265
DEPT. OF BLDGS.	
Document Number:	MANDATORY

1 Reason for Filing	<input checked="" type="checkbox"/> Initial Permit (complete all sections) Expected Job Start Date: _____ <input type="checkbox"/> Renewal with change (complete all sections including notarizing and signing section 9) <input type="checkbox"/> Renewal with no change (complete sections 6, 7 & 8 only)
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2 Location	Borough MANHATTAN	Block 1122	Lot(s) 37	BIN
House No(s) 6	Street Name WEST 70TH STREET			

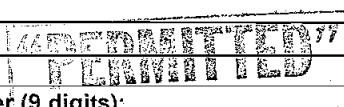
3 Applicant/Contractor	Last Name DRILL	First Name JONATHAN	M.I. E.	Tax-payer ID: 22-2092880
Business Name DRILL CONSTRUCTION CO., INC.	Business Phone (973) 736-9350	E-Mail Address jondrill@drillconstruction.com		
Address 80 MAIN STREET	City WEST ORANGE	State NJ	ZIP 07052	

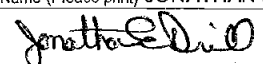
4 Filing Representative	Complete if different from applicant listed in section 3.			
Last Name VELEZ	First Name PILAR	M.I.	Registration No.	
Business Name J.M.V. ASSOCIATES, LLC.	Business Phone (718) 631-0006	E-Mail Address pilarvelez@jmvassociatesllc.com		
Address 38-35 BELL BOULEVARD, SUITE 350	City BAYSIDE	State NY	ZIP 11361	

5 Insurance (P.E. / R.A. only)	Check off all required items and submit with this permit application			
Compensation Insurance has been secured in accordance with the requirements of the Workman's Compensation Law:				
<input checked="" type="checkbox"/> Workman's Compensation Insurance (for all permits)	<input type="checkbox"/> Liability Insurance (for NB permits)	<input type="checkbox"/> Street Obstruction Bond Insurance (for EQ permits)		
<input checked="" type="checkbox"/> Disability Insurance (for all permits)				

For renewal with no change, complete only sections (6, 7 & 8) below

6 Applicant Information
Please check which one of the following applies to the applicant for this permit (select one only)
<input type="checkbox"/> Licensee (Provide number and check off type): <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> MP <input type="checkbox"/> FSC <input type="checkbox"/> OBI <input type="checkbox"/> Sign Hanger Lic. No.: _____ <input type="checkbox"/> Does the Work Permit applied for require a H.I.C. license? <input type="checkbox"/> No <input type="checkbox"/> Yes (Provide H.I.C. # here if yes): _____ <input checked="" type="checkbox"/> General Contractor, Provide Tracking No. (mandatory): 3368 <input type="checkbox"/> Demolition Contractor <input type="checkbox"/> Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)
If MP, FSC, or OBI applicant, are you responsible for all work on this permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please describe type of work below:

7 Type of Permit	<input type="checkbox"/> No Work Permit
For a new building (NB) permit, provide related fence application number (9 digits):	
<input type="checkbox"/> New Building <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Sign <input type="checkbox"/> Boiler <input type="checkbox"/> Standpipe <input type="checkbox"/> Demolition & Removal <input type="checkbox"/> Plumbing <input type="checkbox"/> PA <input type="checkbox"/> Fuel Burning: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Foundation/Earthwork <input type="checkbox"/> Curb Cut <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Earthwork Only <input type="checkbox"/> Construction Equipment <input type="checkbox"/> Sprinkler <input type="checkbox"/> Mechanical/HVAC	 DATE: AUG 24 2005
For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.	
If this is a secondary plumbing, sprinkler, of standpipe permit, provide the secondary permit description here:	

8 Statements & Signatures —must be completed by all applicants (for renewals with no change, check off (x) box below)	Seal (if applicable)
I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is 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.	
<input type="checkbox"/> I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.	
Applicant Name (Please print) JONATHAN E. DRILL Title PRESIDENT	
Signature  Date 08/19/2005	

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



Work Permit Application

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Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number: **MANDATORY**
(Affix Label or type in number)

Document Number:
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Check one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> MP <input type="checkbox"/> FSC <input type="checkbox"/> OBI <input type="checkbox"/> Sign Hanger <input type="checkbox"/> General Contractor <input type="checkbox"/> HIC <input type="checkbox"/> Demo Contractor <input type="checkbox"/> Home Owner		
Taxpayer ID No.	Lic No.	

9b Superintendent of Construction Statement (required)

I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.

Seal (if applicable)	Name (please print) JONATHAN E. DRILL	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed)	
	Signature <i>Jonathan E. Drill</i>	State of New York, County of <i>Queens</i>	
	Date <i>08/19/2005</i>	Sworn to or affirmed under penalty of perjury <i>19</i> day of <i>August</i> 2005	Notary Signature <i>Jacqueline Velez</i>
	Notary Seal JACQUELINE VELEZ Notary Public, State of New York No. 4882863 Qualified in Queens County Commission Expires January 12, 2009		
The applicant's signing and notarization must take place on the same date			

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Certificate No.:		

10a Contractor's Statement for Site Safety Plan

I have advised the individual named above that they have been designated as the Site Safety Manager.

I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs.

I agree to either substitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City

of New York to withdraw the proceeding against the said Site Safety Manager.

I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.

I acknowledge, certify, and accept all of the above.

Contractor Name	
Title	
Signature	Date

10b Site Safety Manager Statement

I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations.

I acknowledge, certify, and accept all of the above.

Name	
Title	
Signature	Date

Notarization for Site Safety Manager

State of New York, County of _____
Sworn to or affirmed under penalty of perjury _____ day of _____ 20

Notary Signature	Notary Seal
------------------	-------------

Cost Affidavit

Please File 1 Copy
Affidavit Must Be Typewritten

Internal Use

104203265



DEPT. OF BLDGS.

1 Filing Status

Filed By:	<input checked="" type="checkbox"/>	Contractor	<input type="checkbox"/>	Owner
For Issuance Of:	<input checked="" type="checkbox"/>	Work Permit	<input type="checkbox"/>	Cert. of Occupancy
Job Number				

2 Location

Borough MANHATTAN	Block 1122	Lot(s) 37	BIN
House No(s) 6	Street Name WEST 70TH STREET	Apt/Condo No(s)	
Special Place Name BEIT RABBAN DAY SCHOOL			Floor(s)

3 Owner

Last Name	First Name	M.I.	Title
Business Name	Business Phone ()		
Address	City	State	ZIP

4 Contractor

Last Name DRILL	First Name JONATHAN	M.I. E.	Title PRESIDENT
Business Name DRILL CONSTRUCTION CO., INC.	Business Phone (973) 736-9350		
Address 80 MAIN STREET	City WEST ORANGE	State NJ	ZIP 07052
Type of Contractor GENERAL CONTRACTOR			

5 Cost Information

Estimated	Actual	Cost:
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6 Statements and Signatures

Falsification of any statement is a misdemeanor under Section 26-124 of the 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.

Owner Statement

☐ Based on figures submitted to me by contractors who bid for the work described in the aforementioned job, and upon my best judgement and estimate, the cost of the proposed work for the aforementioned job will be the cost stated above.

☐ The final cost of the work described in the aforementioned job was the cost stated above.

Name _____

Signature _____ Date _____

Contractor Statement

To my best knowledge, experience and judgement, the cost of the proposed work described in the aforementioned job will be the cost stated above.

Name JONATHAN E. DRILL

Signature *Jonathan E. Drill* Date 08/19/2005

7 Notarization

State of New York, County of Queens	Sworn to before me this 19 day of August 2005
Signature <i>Jacqueline Velez</i>	
Seal	

JACQUELINE VELEZ
Notary Public, State of New York
No. 4882863
Qualified in Queens County
Commission Expires January 12, 2009