

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

Patricia J. Lancaster, FAIA, Commissioner

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 <u><ENTER></u> 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.

Mona Sehgal

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

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

Safety • Service • Integrity

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, widly Angela Orhidge Records Access Officer

••••

Safety • Service • Integrity

Page: 1 Document Name: untitled

DOB FOIL-A 000003

**** NEW YORK CITY *** DEPARTMENT OF BUILDING	
R E C E I P T	
INVOICE #: 60609623 DATE: April 16, 2007 TOTAL PAYMENT RECEIVED: \$*******19.25	======================================
TYPE OF TRANSACTION OTHER - MISCELLANEOUS FOIL REQUEST	AMOUNT PAY TYPE 19.25 9432 CK 05111 000204 00470 MZ

RECEIVED FROM: CENTRAL ACCOUNTING

STATION: 06

Date: 4/16/2007 Time: 11:42:18 AM

Page: 1 Document Name: untitled

PF2=MAIN

PF1=PREV

04	/17/07 BISDDDA3
04/	BISPPRA3 OVERVIEW OF NEW JOBS AT - 8-12 WEST 70 STREET - MANHATTAN
ITH #	EM PROCESS JOB DOC JOB FLOOR JOB STATUS APPLICANT FILING
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.
Provides	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.

PF3=DETAILS

Date: 4/17/2007 Time: 12:21:21 PM

	04/	17/07							ISPPRA3
	<u></u> # Алд	M PROCESS DATE	5 JOB NUMBER	DOC JOB # TYP	FLOOR E	STATUS	STATUS DATE	APPLICANT	REP
Droin	1	08/23/05 PROPOSED	104203265 MINOR IN	01 A1 TERIOR	BAS R DEMOLITO	PERMIT-ENTIR ON/PARTIAL IN	E 08/24/0 TERIOR WALL	5 CIARDULL AND CEILING	JIMENE TILE
	2	10/07/05	104250481	01 NB	SUC J	P/E DISAPPRC	VED 11/10/0	5 WHITE	JACKIE
John	3		104427666) INSTALLA			PERMIT-ENTIR MPORARYCLASSR			JIMENE AD
82	4	06/30/06 SUBSEQUE	104427666 ENT FILING	02 A2 OF FEN	12 R ICE WORK	PERMIT-ENTIR TYPE &PLUMBI			
Ĺ	5		104427666 PPROVAL AM			APPROVED	02/14/0	7 CIARDULL	CARRIO
Ν	JEW	START DAT	ſE:	(YY	YYMMDD)	JOB TYPE:	(ENTER 'P	R' FOR PRA/	ARA)

TO DISPLAY JOB DETAILS ENTER ITEM # 0 AND PRESS PF3. PF1=PREV PF2=MAIN PF3=DETAILS



33

Work Permit Application 104 Please File 2 Copies DEPT. Application Must Be Typewritten I



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(Affix Label or type in number)

1 Reason for Filing Initial Permit (complete all set Renewal with change (comp Renewal with no change for				at in a second of the second o
2 Location				
Borough Block 1122	Lot(s) 27	BIN		
House No(s). Street Name				
3 Applicant/Contractor	st 70th sc			
Last Name GALLICHIO	First Name ALFRED		M.I.	
Business Name WEST NEW YORK RESTORATION OF CO	DNNECTICUT		Business Phone (718) 617-5257
Address 1800 BOSTON ROAD	City BRONX		State NY	zip 10460
License Type (circle one): O.P.E., O.R.A., OMP, OFSC, O.C.	BI, OSign Hanger Lic. No.:			
General Contractor, Provide Tracking No. (mandatory) 24060				
H.I.C. ; Provide No.				
Demolition Contractor				
Home Owner (waiver of insurance from Borough Commissioner required)				•
I shall perform the responsibilities required of a Superin	tendent of Construction for this job.			
If MP, FSC, or OBI applicant, are you responsible for all wo	rk on this permit (Y/N)?			
4 Filing Representative Complete if different from applic	ant listed in section 3.			·
Last Name HICKEY	First Name DENNIS		M.I.	Registration No.
Business Name DIRECT ACCESS EXPEDITING, INC.			Business Phone (212) 732-5984
Address 311 GREENWICH STREET	City NEW YORK		State NY	zip 10013
5 Insurance (P.E. / R.A. only) Check off all required items	and submit with this permit application			. 1
Compensation insurance has been secured in accordance with the requi	rements of the Workman's Compensation Law:			· · · · · · · · · · · · · · · · · · ·
Workman's Compensation Insurance (for all permits)	Liability Insurance (for NB permits)	<u> </u>	Street Obstruction Bo	nd Insurance (for EQ permits)
Disability Insurance (for all permits)	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	No Work Permit		~			
New Building	Alteration	🗌 Sign	Boiler		🗌 Star	ndpipe
Demolition & Removal	Plumbing	🗋 PA	Fuel Burning:	🗆 Oil 🗌	Gas 🗌 Fire	Alarm
Foundation/Earthwork	Curb Cut		Fuel Storage		🗋 Fire	Suppression System
Earthwork Only	Construction	Equipment	Sprinkler		🗋 Mec	hanical/HVAC
->For Foundation/Earthwork Perm		sq. ft.			_	
7 Statements & Sign	atures - must be comp	eted by all applican	ts (for renewals with no	change, check off ()	x) box below)	
I hereby state that the above info	rmation is correct and compl	ete to the best of my kr	nowledge. Falsification of	any statement is a mis	demeanorunder	
§26-124 of the Administrative C	ode and is punishable by a l	ine, or imprisonment	, or both. It is a crime to	offer or give to a city e	mployee, or for a	
city employee to accept, any ben	efit, monetary or otherwise, ei	ther as a gratuity for pr	roperly performing the job	orin exchange for spec	ial consideration.	
A conviction of offering of a brib	e or gratuity is punishable b	imprisonment, fine c	or both.		1	
I hereby state that this ren	ewal application with no cl	nange to Applicant,	Filing Representative,	Superintendent of Co	nstruction, Site	
Safety Manager, or Insura						
_	$\left[A \right] \left[A \right]$			<u> </u>		Seal (if applicable)
Applicant Name ALFRED GA	ulicnio /		Title PRESID	ENT		
Signature	NL TT		Date	·		
(R	tevised 04-2002 PW-2 Page 1
	1					

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 S	Superintendent of Construction
Last Name GALLICHIO First Name	ALERED
Business Name WEST NEW YORK RESTORATION OF CONNECTICUT	
Address 1800 BOSTON ROAD City BRO	
Check one: P.E. R.A. MP FSC OBI Sign Ha	
Taxpayer ID No. 13-361-4674	anger 🖌 General Contractor 🔄 HIC 🚺 Demo Contractor 🛄 Home Owner
Name ALFRED GALLICHO Signature Date Seal (if applicable)	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Swom to before me this day of Notary Signature Notary Signature Notary Signature Notary Signature WordMeta MY COMMENDENT Superintendent of Construction is not licensed) Image: State of New York, County of Swom to before me this day of Wotary Signature Notary Signature MY COMMISSION MY COMMENDENT MY COMMENDENT
9 Site Safety Manager	10 The July 21, 2007, 51 Control of State
Last Name First Name	OF NEW With
Business Name	
Address City	Business Phone ()
Certificate No.:	State ZIP
9a 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
Site Safety Manager Statement	Name
I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions	Title
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.	Signature Date
Notarization	Notary Signature Notary Seal
State of New York, County of	Notary Signature Notary Seal
Swom to before me this day of 20	

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DOB FOIL-A 000008

Taxable Status Date: January	LL 2004-2005 City 5, 2004	<u>View 201</u> <u>View 2004 TE</u>	NTATIVE ASS	SESSMENT ROLL SESSMENT ROLL SESSMENT ROLL
EXPLANATION OF ASSESSMENT ROLL				~~~~~
Parcel Information		** <u>Previous BBL</u>		Next BBL >>
Owner Name: TRUST CONG SHEARIT	E Maria	Borough: Block:	MANHAT 1122	IAN
Property Address and Zip Cod		Lot:	37	
8 WEST 70 STREET 100				
Real Estate Billing Name and		Tax Class:	4	
CONG SHEARITH ISRAE 8 W 70TH ST NEW YORK NY 10023	EL	Building Class:	W2 <u>Code</u>	
			104	053088 T. OF BLDGS.
Land Information			The DEI	-
Lot Size	Irregu	lar	Corner	
64.00FT X 100.42FT			CR	
Building Information Number of Buildings 1	Building Size 40.00FT X 74.00FT	Extension E	St	ories 4
Assessment Information				
Description		Land		Total
ESTIMATED MARKET VALUE		Land		4,000,000
ACTUAL AV		1,552,	500	1,800,000
ACTUAL EX AV		1,552,		1,800,000
TRANS AV		1,469,		1,716,750
TRANS EX AV		1,469,	250	1,716,750
Taxable/Billable Assessed Va	lue			
	lue		Ass	essed Value
		S WILL BE BASED ON		
Taxable/Billable Assessed Va		S WILL BE BASED ON		essed Value
Taxable/Billable Assessed Va SUBJECT TO ADJUSTMENTS		S WILL BE BASED ON		

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

	PC Filing		DIL-A 0000			hat (offix)	ahel)
BUILDINGS	March 08, 2005	i	-			24053088	s
Job No:	Depa Ref No: 3(<i>illdings, City o</i> 1		rough:	MANHA	TTAN(1)
Location: 8 WEST 70T			•				1 1111 (1)
Job Type: A3 Estimated Cost: \$0.00	Doc. No.:		ead Job No.: Dev. Name:		Bldg. G	roup Lead N	0.:
Work Types: EO;							,
OT Descript.:							
BIN: Block: 112 Street Frontage: Special Place:	2 Lot: 37	Lot 2:	Lot 3: To	tal Gross F	CB No.: 10 loor Area:	7 No. \$	Stories: 4
Other Building Information:					,		
Building Class: Other	· · · · ·			-	Fee Exer Fee Defer		
Other Considerations:				·			
C of O: Making Cha	ange To:			-			
Constr. Eq. Info:		Sc	affold				
Signs Info:			· · ·		Total Sq. Foo leight Above I	-	
Applicant: GALLICH Prof. Title: OT	IO, ALFRED			License	No.:		
If this filing includes Sprinkler V	Vork, is Water Sup	oply off the o	lomestic?	🗆 Yes	□ No		
Plans Submitted: ARSTZ	0ME	PL	FO	NP	BPP Cr	necklist	
				* *			ł
Preparer: DIRECT ACCESS EXPEDI		partment of ;	Buildings, City	of New Yor	k		March 09

Department of Buildings, City of New York DOB FOIL-A 000009

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	DOB FOIL-A 000010	
	Plan/Work Report	Internal Use
BUILDINGS	For PC Filing	Job Number (affix label) 104053088
March 08, 2005		DEPT. OF BLDGS.
Ref. #: 306EAST61	Department of Buildings, City of New	NYC Department of Buildings - PCF.P
<u>_ocation & Status</u>		
Borough: MANHATTAN (1) Address: 8 WEST 70TH ST	BIN:	Block: 1122 Lot: 37
Filing Type: Initial Filing	Job Type: A	teration 3
Cluster Dev. Name:	Project Job Lead No.:	Bldg. Job Lead No.:
Applicant Applicant Name: GALLICHIO, ALF Business Name: WEST NEW YORK Address: 1800 BOSTON ROA Professional Title: OT	X RESTORATION OF CT AD, BRONX, NY 10460	Phone: (718) 617-5257 Description: G.C.
Filing Representative		
Filing Rep Name: KLEIN/SLIWINSK Business Name: DIRECT ACCESS Address: 311 GREENWICH	EXPEDITING, INC.	Registration No.: Phone: (212) 732-5984
Considerations		
Directive 14 Acceptance Req.: N	Unmapped Street: N	Infill Zoning: N Reel No.:
Legalization of Work After 89: ${f N}$	Quality Housing: ${f N}$	Landmark: N Page No.:
Professional Certification of Job/Plans:: N	Local Law 5 of 73: N	Adult Use: N SPO: N Other
Professional Certification Objections: N Old Code Review Requested: Y	Local Law 16 of 84: N Site Safety Job: N	SRO: N <u>Considerations:</u>
Building Class: Other Fee Status: Fee Exempt	CPC Calendar No.: BSA Calendar No.:	
ree Status. Fee Exempt		
Alteration Details		
Certificate of Occupancy Status: Making Change To:	Structural Stability Affected	: N Equipment:
	LLATION OF SCAFFOLDING : R. NO CHANGE IN USE EGRE	35 LONG X 60 HIGH DURING FACADE SS OR OCCUPANCY
	ж. П	

- 7

Department of Buildings, City of New York DOB Job #: DOB FOIL-A 000010

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March 08, 2005 Page 1 of 5

NYC Department of Buildings - PCF.PW1 Department of Buildings, City of New York

> 104053088

DEPT. OF BLDGS.

Work Types

Sector Contract Contractory

Work Types and Costs: \mathbf{EQ} ;

Curb Cut Description:

OT Description: Job Estimated Cost: \$0.00

	·9					
1	Building Information	<u>1</u>				
	Community Board No.:	107	Мар No.: 8С			
۵ ۵	Apt. Nos./Condos:					
	Floors:	001				
	Special Place:					
	Occupancy Class:	Existing: PUB				
	Construction Class:	Existing Old Cod	de: 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. c	of Loading Berths:	
	Arcade Sq. Footage:		Ult No.of Stories:	No. o	f Parking Spaces:	

Const. Equip. Waiver:

Fill:

Construction/Fire Protection Equipment

Const. Equipment: Scaffold Construction Material: STEEL

BSA/MEA Approval No.: 362-44-SM

Standpipe: Sprinkler: Fire Alarm: Fire Suppression:

Preparer: DIRECT ACCESS EXPEDITING, INC. Ref. #: 306EAST61

Department of Buildings, City of New York DOB Job #:

March 08, 2005 Page 2 of 5

<u>Comments</u>

Department of Buildings, City of New York



<u>Lessee</u>

Lessee Name: Lessee Bus. Name: Lessee Address:

<u>Signs</u>

Sign Type: Height Above Roof: Sign Weight: Square Footage:

> Illuminated: Wording: Description:

Title: Phone:

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

IBL:

<u>Owner</u>

Owner Type: C Corporation Owner Name: SINGER, ALLAN Owner Title: VP Business Name/Agency: CONGREGATION SHEALTH Owner Address: 8 WEST 70TH ST, NEW YORK, NY 10023

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

Name: NATHAN, DAVID

Title: VP

Address: 8 WEST 70TH ST, NEW YORK, NM 10023

DOB Job #:

Non-Profit: N

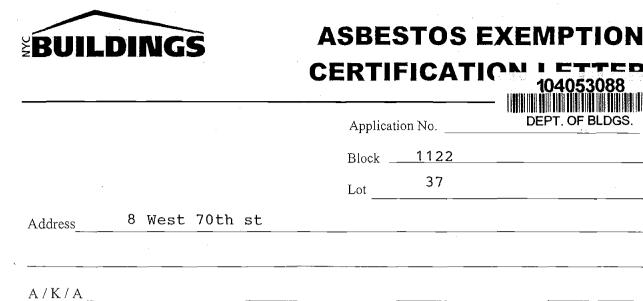
Phone: (212) 873-0300

Phone: (212) 873-0300

Preparer: DIRECT ACCESS EXPEDITING, INC. Ref. #: 306EAST61 Department of Buildings, City of New York

DOB FOIL-A 000012

March 08, 2005 Page 4 of 5



23

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

Gallichio

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

3/8

 $20 \mathcal{O}$

Date

SEAL HERE

DEPT. OF BLDGS

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 msidemeanor under section 26-124 (643A--10.0**) of the Adminstrative 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.

DOB FOIL-A 000013

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 Superindent / Commissioner must approve

** Previous section number

ASB4 (REV 6/03)

Ref. #: 306EAS	T61
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Department of Buildings, City of New York

Plot Diagram (Metes and Bounds)

Street Status:

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

Legal Width:

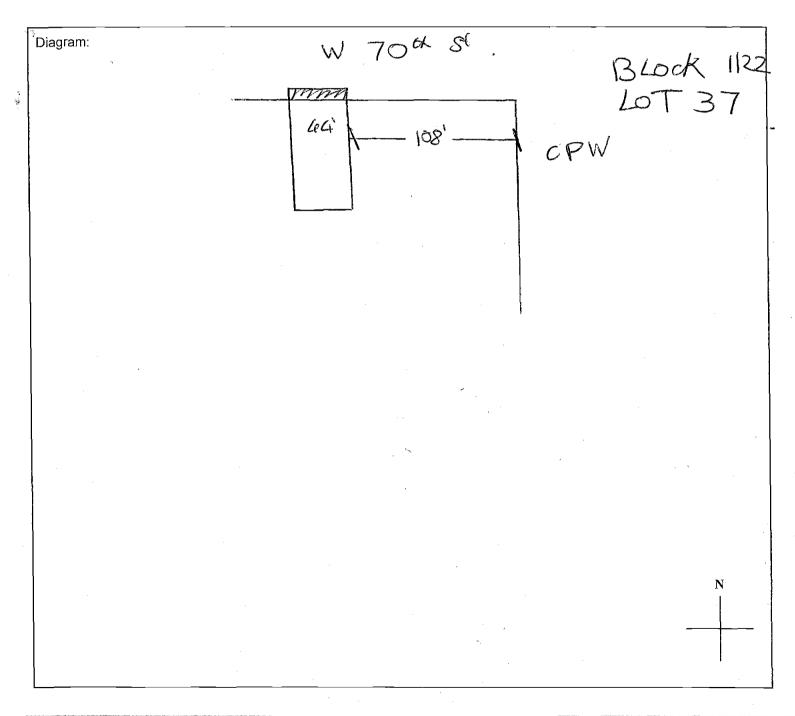
side of

distant and

feet



to the point of beginning.



Preparer: DIRECT ACCESS EXPEDITING, INC. Ref. #: 306EAST61 Department of Buildings, City of New York

DOB FOIL-A 000014

DOB Job #:

March 08, 2005 Page 3 of 5

NYC Department of Buildings - PCF.PW1

Department of Buildings, City of New York

Statements and Signatures



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:

475

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,	ALFRED
-----------------	------------	--------

Date: 3/8/05 Applicant Signature: Calledon Diffe

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 accomodations 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, ALLAN

		Relationship to Building Owner: <u>VP</u> Date: <u>3/8/05</u>	
		Signature: Xr. gav	Hugh
Falsification of any statement is a misdemeanor under Section 2	26-124 of the Administrative Code and	is punishable by a fie or Imprisonment, or	
t is unlawful to give to a city employee, or for a city employee to onsideration. Violation is punishable by imprisonment or fine of	accept, any benefit, monetary or other r both.	rwise, either as a gratuity for properly perform	ning the job or in exchange for special
Examiner Signa	ture:		Date:
		ACCEPTABLE	or permit
DIRECT ACCESS EXPEDITING, INC.	Department of Buildings, C	Tity of New York	March 08, 2005
EAST61	DOB Job #:		Page 5 of 5

2. Medium Duty Scaffold: as defined by Rule 1.24.10 of the Demolition Rules of the Board: - Maximul 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: - Maximuth live load 25 lbs per sq. ft.

10'-0" Span in ft, between bents:

125'-0" Maximum heights above base plate:

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.

Medium D	uty Scuffold:				
Bent Spac	ng:	10'-0''	9'-0''	8'-0''	7'-0"
Additional	Stages of Planking:	0	1	2	4
3. Light Duty	Scaffold:				
Bent Spac	19	10'-0''			

Bent Spacing:

Additional Stages of Planking: 8

The live load of 50 lbs per sq. ft. for the Medium Duty Scaffold and the 25 Ibs per sq. ft. for the Light Duty Scaffold may be applide to one tier or may be divided between various ties, 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".

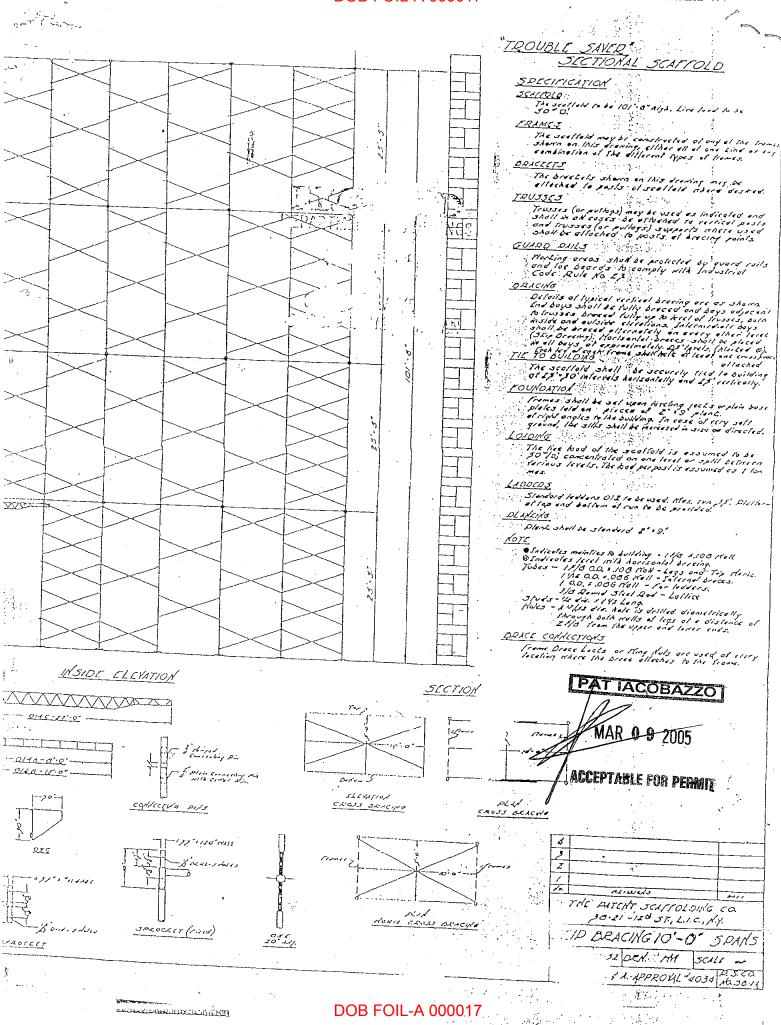
> Signed: Harris H. Murdock, Chairman, Edwin W. Kleinert, Commissioner John A. Darts, Engineering Division~

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

Chairman

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

Printed in Bulletin No. 26, Vol. XXXVI.





SECTIONAL STEEL SCAFFOLDING

362-44-SM

4

APPLICANT - JAMES J. F. GAVIGAN, for The Pantent 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
Absent: Chairman Mardock
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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 uppor 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 tre-ms 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 accomodate 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 13/8 inch O.D. by 0.108 inch wall steel tubes. The tupper cross tube, or bearer which may be considered the top flange is 13/8 inch O D by 0.108 inch wall steel tube. The bottom brace or lower flange which is 11-1/16" 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. Teh 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 $1-1/4^{\circ} \ge 1-1/4^{\circ} \ge 1/2^{\circ}$ angle non. 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, river 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 th ebottom 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. Gentilesco 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 theis point as the Committee did not wish to have the entire structure collapse and was of the opinion that structural failure had occured 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 Borard. 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.

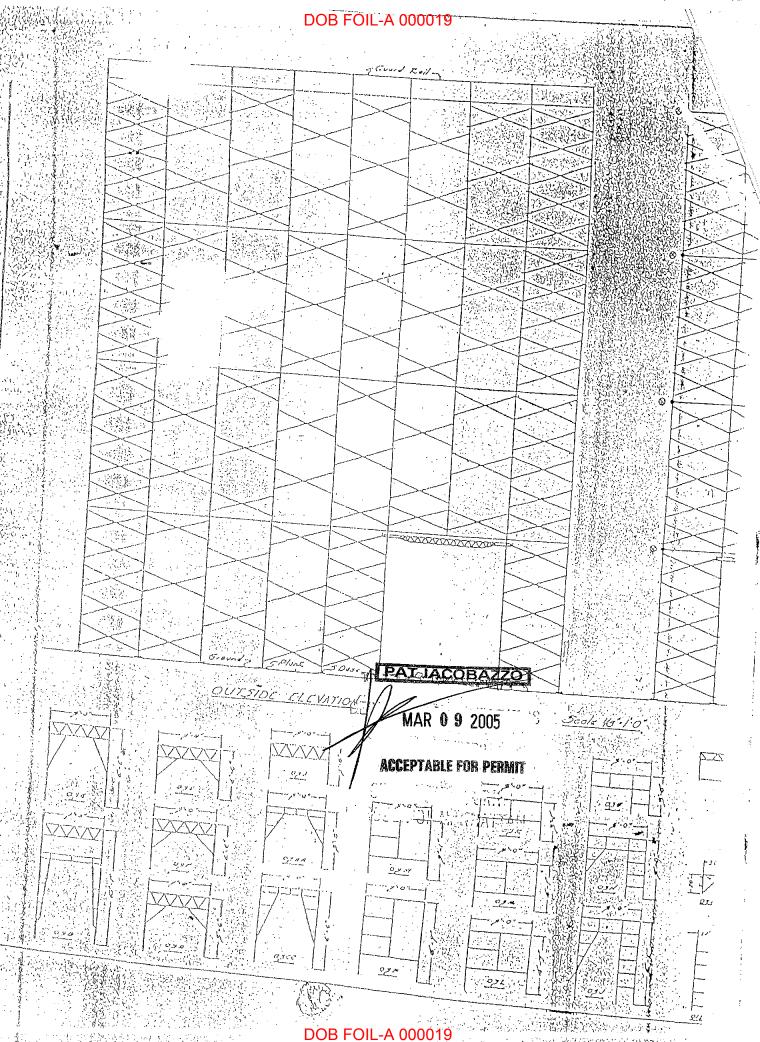
In calculating the dead load or weight of each frame for the 5' 0" high frame, shall be 40 lbs., and the incidental bracing for the same shall be 10 lbs. the total weight of a 5' 0" frame shall be 50 lbs., and the total weight for a 10' 0" frame shall be 100 lbs., and the weight of planking 2" thick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

Computations for Heavy Duty Scaffold:

- 1. 7' 0'' Bent Spacing Area carried by 1 Bent = 7' x 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" x 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 x 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.



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INVESTIGATOR

9/9

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 ASDESTOS CONTROL PROGRAM / NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION, 59-17 JUNCTION BLVD. - 8th FLOOR, ELMHURST, NEW YORK 11373-5107

DEPT. OF BUILDINGS

NYC DEPARTNEL OF BUILDINGS PRY-FILING CHECKLIST - PC FILING PILOT PROJECT

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LOCATION: MAREATTAN . 8 WEST 70 STREET

JOB TYPE: ALL'URATION 2

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PA \$25,000.

EVILDING TYPE: OTHER

DIRECTIVE 14

PEE EXEMPS

EQUIPMENT INSTALLATION

ESTIMATED TOTAL COST: \$25,000.

JOB DESCRIPTION:

Voluntary Interior Firo Alarm And Smoke Detection For Area,

Duct & Elevator Recall

PLANS FILED: ____ZO AR ST ME PL Fo

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8/10/00

Versicn 1.98

3/23/00 **** PRE-FILING - I	NITIAL - FEE DATA **** BISPPF16
1:49:28.4 PRE-FILER ID: EWP PRE-FILING PREMISE: MANHATTAN 8 WEST 7 C FILED - DIRECTIVE 14	NG.: 102749279 JOB TYPE: ALT2 O STREET
FA : 25000 JT. EST. COST= 25000 => FEES≕ 340	BUILDING TYPE: OTHER FEE STATUS: EXEMPT COMPUTED TOTAL FEE: 346.00 MINIMUM REQUIRED PAYMENT: 346.00 COMPUTED CIVIL PENALTY: 0.00
MAR .	THE JOB NO. WILL BE: => 102749279 THE PRE-FILING DATE IS: => 08/23/2000 THE WORK TYPE SUFFIX(ES) IS: PL MH BL FE
8/22/00	FS FP SD SP X FA EQ CC OT

Page: 1 Document Name: untitled

**** *** DEPARTMENT OF BUILDINGS ***

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

TOTAL PAYMENT RECEIVED: 15.00

PAYMENT: 15.00 PAYMENT: 0.00

СНЕСК #: 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

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14:00 T H E	CITY OF NEW YORK
DEPARTMENT (OF BUILDINGS MANHATTAN BOROUGH OFFICE
	I-N-V-O-I-C-E
	D.: INVOICE DATE: // <<<<<<<<
JOB NO/TYPE APPLICANT	02749279 01 ALT2 OTHER THAN 1,2,3 FAMILY
PREMISE MANHAT APT NO./CONDO	Y*************************************
FLOOR	ΤO
BLOCK 01122	LOT(S) 00037 BIN 1028510
•	>>>> FEE EXEMPT <<<<<
TOTAL FEE	0.00 -=-=-=-=-=-==
PAYMENT RECEIVED	0.00
CC IF FILED	0.00
BALANCE DUE	0.00
ASBESTOS PAYMENT	0.00 0.00 0005100250ASBREPAB
CIVIL PENALTY	0.00 =-=-=-=-=-=-
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BALANCE DUE MAY	BE SUBJECT TO CHANGE, EXCEPT PAYMENT FOR C/O

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

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Statements and Signatures	ang bahar tanan kana kana kana kana kana kana kan
Applicant's Statianter 's All applicants must complete and sign below	Owner's Sistements
I propared or eupervised the preparation of the plans and apacalications hardwith submitted and as the best of my knowledge and belief, the plans and work shown	 I have authorized the applicant to file this application for the work specified bergin and all future amendments.
therean compty with the provisions of the Building Code and other applicable isws and regulations.	Owner's Cartification Recarding Occupied Housing Accomodations
empart as visit forth in the accompanying documents	The building to be altered, or the site of the new building, or the dwelling to be
Tract Housing Statement Complete # applicable and sign below	demolished or removed, as the case may be, contrains occupied housing accomodations subject to control under Chapter 3 of Title 28 of the Administrative
Reference Job Numilisar	Cote
I hereby state that all specifications relating to this job are identical to those praviously filed under the above referenced job number, except as specified herein.	Yes X No
Applicant	The owner has notified DHCR of his intersion to (Ite such sensespety to such permit) and has complied with all requirements imposed by the regulations of such agency as procenditions for such (Iting/application).
i ectnowledge that I have read and compiled with all instructions pertaining to this application and supplementary schedules submitted.	
Name Leonard Aconsky / Date , 7/28/00	Yea X No Date:
Signature	Fee Exemption Request Statement
(Ameril linstig	X In accordance with 25-210 of the New York City Building Code I hereby state that the proposed work involves a building or property user exclusively for the
Soul & F STRAY	purposes indicatos in such rection.
	Type of Ownership X Non-Stor
NEW NEW	molviduel Corporation Partnership Governm
AF ON TON	Last Name Mi
A ADDREAM AND	Singer Alan M
1. 14 4 X . 2 +1	The Executive Director Business Name/Agency Congregation Shearith Israel
	Address 8 West 70th Street
	city New York
1 04372 E	State NY ZP 10023 Phone 212-873-0300 Name of Signator Alan M. Singer
PROFESSION!	Relationship to Building Owner EXecutive Director
	Signature / / - Date and g g (7)
	01100
	If Corporation, name of second officer
Falsification of any statement is a misdemeanor under Section 28-124 of the	Title
* Administrative Code and is Funishable by a fine of imprisonment or both. * ກີ ເຂັ້ມເຄື່ອທຳປາ ເວົ້າດາຍ ເວລີ ແລະ ເປັນ a city employee to socept, any benefit.	Address City
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'Mfernal Use***	
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Cost Estimate (if different hom explicitly)	Approved for Foundation Earthwork Only
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8. Specific Reference NOTE: Falaification of tion (N.Y.C. Ac Installation mu	Code under which this system is Standard under which this syste any statements made herein is an dmin. Code Section 10. 154.)	to be installed <u>Volus</u> offense punishable by fine or imp offense punishable by fine or imp al Contractor, who shall file Appi	<u>.</u>	
11201, Room available on J Lew, Code, R	427 by presenting the Application ob site at time of their inspection. equiation, or Directive.	n within 10 days of this date. Th	250 Livingston Street, Brooklyn, lese stamped Plana, or copy shat DOES NOT waive any requirement	l be
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literation Jobsonly: Proposed Additional Floor Arez. 0 sq. it X Structural Stabulty will not be affected by this alteration.	Iteration Jobsonly: Proposed Additional F	boor Arez 0) sq.it.	X Structural Stabulty w	vill not be affected by this alter	ration.

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_	MH	Mech/HVAC -				F/	A F	ire Alam		- 14		A	_	chitectural	╉	PL	Plumbin			
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	FS	Fuel Storage - PW	/-1C		1	c				licate total linear feet:					<u> </u>					
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	A						F-1	Assembly (C	hurche	s, Concert Halls)			J-2	Residential	(Apari	ment Hou	Ses)			
	В	-1 Storage (Moderate Haz	ard)				F-2	Assembly (C	- Jutdoors	*)		·	J-2	Three Fami						
	В	-2 Storage (Low Hazard)		1	T	Ī	F-3	Assembly (N	- Iuseum	s)	+-		J-3				<u> </u>			
]	C	Mercantile			1	1	F-4	Assembly (R			+			Residential			mouses)			
1	D	-1 Industrial (Moderate Ha	zard)		×	×	G	Education					к	Miscellanec		<u> </u>				
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╡					\vdash		H-1	Institutional	_			<u> </u>		Oid Code -	Reside	ence Build	ings			
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	inble Dwe	elling Classification (required for	or all J-1	and J-2 class	ficatio	ons)								·						
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	h	A 4 Hour Protected				-	II-A	Heavy Timbe			+	··-		·	<u>. </u>		_			
1	· · ·	B 3 Hour Protected										<u> </u>	1 Fireproof Structures							
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ota	I Gross	Floor Area of Building			_		_	sq. ft.	Numt	er of: Parking Spaces	·			Loading I	Berths	_	s			
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13 Construction Equip						1				
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Sidewalk Shed	Scaffold	Chute	T	Fence		Other				
Material of Construction	BSA	I /MEA Approval Numbe		1	Sidev	valk Shed/Linear Feet				
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14 Fire Protection Equ	lipment						_			
SP Sprinkler	Automatic		Non-Automatic		Entire			Partial		
FA Fire Alarm System	Automatic		Non-Automatic		Entire			Partial		
SD Standpipe	· · ·	<u></u>	· ·		Entire			Partial		•
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15 Plot Diagram of Zoni									_	
Plot Diagram must show the correct str the existing grades, properly identified, lots.	treet lines from the City Pl I, of streets at nearest point	an; the plot to be bui nt from the proposed	It upon in relation to buildings in each o	o the street lines and direction; the House N	the portion of t lumbers and the	he lot to be occupied Block and Lot Num	by the	e building; the le ndicate dimensio	gal grades an ns of total tax	nđ X
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Description of Land and Prem									· · ·	
The Zoning Lot on which the premises is	s located is bounded as follo							·	· · · .	
BEGINNING at a point on the		si	deof	(distant		<u> </u>		feet
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running thence			et; thence		J				f	teet;
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Revised 8-03 PW-1 Page 3

Ct-t												
Statements and Signatures												
Applicant's Statements All applicants must complete and sign below	Owner's Statements											
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,	X I have authorized the applicant to file this application for the work specified herein and all future amendments.											
except as set forth in the accompanying documents.	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,											
Tract Housing Statement Complete if applicable and sign below Reference Job Number	as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.											
I hereby state that all specifications relating to this job are identical to those previously fied under the above referenced job number, except as specified herein.	Yes X No The owner hast notified DHCR of his intention to [file such plans/apply for such permit] and has											
Applicant	complied with all requirements imposed by the regulations of such agency as preconditions for such											
I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.	[filing/application].											
A	Yes X No Date DHCR notified:											
Date 1/ 30/07												
Signature	Fee Exemption Request Statement											
Seal (P.E. or R.A.)	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 X Non-Profit											
DED AD	Individual Corporation Partnership X Government											
A EALD MACH	Last Name First Name M.I.											
Constant of the second of the	SINGER ALAN											
H = 10 10 0 0	Title EXECUTIVE DIRECTOR											
	Business Name/Agency CONGREGATION SHEARITH ISRAEL											
	Address 8 West 70th Street											
CO FEED	City New York											
An anna is	State NY ZIP 10023 Phone (212) 873-0300											
A CONSCENT OF	Name of Signator ALAN SINGER											
OF NETT	Relationship to Building Owner EXECUTIVE DIRECTOR											
	Signature Date											
	If Corporation, name of second officer											
	Last Name First Name M.I.											
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code	Тіве											
and is punishable by a fine or imprisonment, or both.	Address											
It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or	City											
otherwise, either as a gratuity for property performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.	State ZJP Phone ()											

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S)

Internal Use	
Application Complete for Filing and Fee Estimation	Approvals
Amount Due	Examined and Performended for Annunuel
Cost Estimate (If different from applicant)	Approved for Foundation Earthwork Only
Pre-Filer Name	Example
Date	
Initial Amount Paid	
Verified By Date	
Balance Paid	
Verified By Date	TAHMINA GAFFAR
Stamps and Certifications:	Other Approvals
	Examiner Name
	Examiner Signature ACCEPTABLE/FOR PERMIT Date
	Approved
	Borough Superintendent Signature Date

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Schedule B

Job Number 104427666 (Affix Label)

Page

of

Q.

Plumbing/Sprinkler/Standpipe For Plumbing, Sprinkler, & Standpipe Installations/Repairs Please File 3 copies

Application Must Be Typewritten

(See Instructions)

1 Location				
Borough MANHATTAN Block 11		37	BIN	C.B. No. 107
House No(s).6 Street Nam	neWEST 70TH STREET		Floor(s) Underg.	,1ST & 2ND
2 Installation Costs			:	
Work type costs: PL: \$ 30,0000	SP: \$		SD: \$	
3 Additional Considerations	Check this box i	f no components	are typed in section 10 of	f this form
Made to Remove Violation Violation Num	nber(s):		Complete revision	Changes/additional components
4 Drainage Information (required for al	I New Buildings)			
Storm Drainage Discharges into:	·	Sanitary Drainage [Discharges into:	
Storm Sewer Combined Sewer	Private Disposal	Sanitary Sewe		Private Disposal
5 Sewer Work (check all that apply)			· ,	· · · · · · · · · · · · · · · · · · ·
SD1,2,3	Site Connection		Septic Tank	
		·	·	
6 Cap/remove/replace/relocate (com	ponents) Ca	p or remove	Replace Replace	elocate Describe all below:
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7 Gas and Gas Equipment Data	· · · · · · · · · · · · · · · · · · ·			
Gas Piping Involved Yes No	,			
Describe Gas Fired Equipment	· · · · · · · · · · · · · · · · · · ·		e	
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Gas meters/risers data (check off below all that appl				· · · · · · · · · · · · · · · · · · ·
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	/Apt. — list all that apply for /Apt. — list all that apply for			
- · · · · · · · · · · · · · · · · · · ·	O Boiler Pilot fo			
Gas usage: O Heat			O Water Heater	O Dryer
	O Tankless Coi		O HVAC	O Fire Place
O Other (describ	ej.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
8 Sprinkler Totals Total n	umber of sprinkler heads	typed on back	of form:	· · · ·
		supply	Related PL job # of domestic wa	

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, eith er as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by interfision ment or fine or both. Applicant Name JOHN CIARPULLO Signature Date 1/23/07	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. Sign off for (define worktype/s) Inspector's Name (print) Badge # Signature Date Date
	Revised 12/31/03 PW-18

10 Equipment Info	rmo	tion (for new work only)	-1		· · ··												· . ·	. · .			
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prinkler (SP) *		Sprinkler Piping - Dry					·													. :	1
*	P	Sprinkler Piping - Wet			· · ·																
*	E	Dry Pipe Valve							. 1			Ĩ									
*	E	Booster Pump - SP			_				1	- [-1						i t		<u> </u>
	F	Floor/Riser Control Valve	T				Í										-				-
	F	Siamese FDC	† –				1		-			+					_		ł	\rightarrow	├─
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		Sprinkler Piping Wet	+-			-													i		\vdash
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*		Sprinkler Heads (thirty or less)	+							_	-	-							i - I		—
Fire Standpipe (SD) *	\rightarrow	Standpipe Piping	_																┝──┤		<u> </u>
		Fire Pump																	\vdash		
*		Booster Pump - SD																			
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water/Sall. (FL)	P	Water Piping	X																		
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	E	Sewer Ejection Pump	1		┝╶┥	-										-	<u> </u>		\vdash		-
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	F	Domestic Water Tank/Pump		<u> </u>									_						<u> </u>		
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14	F	In-sink Garbage Disposal		1											t			-	†—–		<u>†</u>
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	F	Pool													-	+	1	<u> </u>	┢─┤	<u> </u>	+
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	F	Roof Drain	<u> </u>	1					<u> </u>							<u> </u>		<u> </u>			
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•	E	Gas Booster Pump		11.			1		1						1		1	1		t	\uparrow
	F	Cooking Equipment (non-residential)					ļ.			<u> </u>		1			1		1	1	1	-	1
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	F	Gas Furnace	4	<u> </u>	+	<u> </u>	1: 1		<u> </u> .		Ĺ	1.	<u> </u>	<u> </u>	1	-	↓	<u> </u>	1_	<u> </u>	Ļ
	F	Gas Meter	<u> </u>	<u> </u>					·	· ·		Ľ.					1			<u> </u>	1.
	F	Gas Water Heater																			
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THE CITY OF NEW YORK DEPARTMENT OF BUILDINGS

http:www.nyc.gov/buildings

X MANHATTAN (1) 280 BRGADWAY 3 RD FLOOR New York, NY 10007	BRONX (2) BROOKLYN (3) QUEENS (4) 1932 ARTHUR AVENUE 210 JORELOMON STREET 120-65 QUEENS BLVO. BRONX NY 10457 BROOKLYN, NY 11201 QUEENS, NY 11424	STATEN ISLAND (5) BORO HALL- ST. GEORGE STATEN ISLAND, NY 10201
DOB Application #	Examiner: FRANTZ JEANNITE	Date: 5/10/06
104427666	Application Type: Directive 14	Doc (s):
10472/000	Address / Location: 6 West 70 th street manhattan	Block: 1122
	Zoning District: RIOA	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 toplof 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
				h	
1.	[1) Provide DOT approval for proposed work.	N/6/30	06
2.		- E	2) Proposed scope of work scems to affect egress and is therefore contrary to Dir.14.	N 6/30/	
3.			3) clarify proposed height of fence in district.	N6/30	56·
4.		[4) Drovide LANDMARK Letter of	11	
5.	1		4) Drovide LANDMARK Letter of Approval & perforated Drawings.	8/16/56	Tal
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11.			TAHMINABAL	-	<u>·</u>
12.			AUG/16 2006	·	<u></u>
13.					
14.	1		ACOEPTADLE FOR PERMIT		
15.		<u>}</u>			
16.					
17.	+				<u> </u>





CERTIFICATE OF APPROPRIATENESS

ERMI

TEL: 212 669-7700 FAX: 212 669-7780

ISSUE DATE:	EXPIRATION DATE:	DOCKET #:	COFA #:
07/18/06	07/13/2009	070268	COFA 07-0285
<u>HI</u>	ADDRESS WEST 70TH STREET STORIC DISTRICT ER WEST SIDE-CPW	BOROUGI MANHATT/	

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 fonce 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 sanostone 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.

Stelle 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

PAGE 2 Issued: 07/18/06 DOCKET #: 70268

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Filing Status Select one and complete sections in							* * **		
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roject.I.D. ESERVED OR D.O.B.		lama subse items specif		ttak	ing responsibility f	orthé	Withdrawal	. /	
SLocation orough MANHATTAN Block 112	2	1		37			BIN		C.B. No. 107
<u> </u>		r 70TH S					Apt/Condo No(s).		
pecial place Name BEIT RABBAN DAY SCHOOL				-			Floor(s) 1ST & 2	2ND	
A/K/A 6-10 WEST 70TH STREET	o d imfo	mation no	maconta a	ohe	nge to the orig	sinal fili			· · · · · · · · · · · · · · · · · · ·
3Applicant The following ast Name CIARDULLO	18 III 0		FirstName J				MI J.	_	
usinessName JOHN CIARDULLO ASSOCIATES.	. P.C			0111			Business Ph	none (212) 245-0010
ddress 221 West 57th Street, 9th floo		·	Cty New Y	ork	κ		State NY		ZUP 10019
P.E. V R.A. Other							Lic. No. 10	466	
									en e
4 Filing Representative Complete 1f different	fromar	plicant.							
astName CARRION/RIVERA			FirstName	30,	<u>NNI/ADI</u>	ELA	M.I.		
Business Name J.M.V. ASSOCIATES, LLC							Business Pl State NY	none (
Address 39-29 Bell Blvd., suite # 4			City Baysi	.de	<u> </u>		State IV1		ZUP 11351
5 Additional Considerations				-					× * *
	Code R	eview Reques	sted		Infill Zoning		Quality Housing		S.ce Safety Job
Legalization of work done after 1/1/89		App	licationisbei	ngm	adetocomplywit	h:	Local Law 50/19/		LocalLaw160f1984
								L I	· · · · · · · · · · · · · · · · · · ·
6 Initial Filing Complete sections and schedules in	Т			-		i dana da a da	on a on Doctoriation		
NewBuilding 8,9,10,15,16,ScheduleA	Su	bdivision:	9	<u> </u>			ions or Restriction	5	Single Room Occupan.3
Alteration 7 Demolition 8,9,10D		Improved P Unimprove			lestrictive Declaret	10t1:	BSA Calendar Nur		
Sign. 7A,8,9,10A,12	+	Condomini		-	Page No.		CPC Calendar Nur		<u> </u>
Place of Assembly 11 Related Job Number	 r:			ŧ)ther:				
						_			
7 Alterations Indicate type of alteration and complet	te approj	priate section:	s and schedule:	3.	_	· · · ·			······································
Alteration - Type I (Change to C of O) Complete	7A,8,9,1	10,15,Schedu	1		Select One:	_	New C of O	-	Amended C of O
Change to: Occupancy/Use			RoomCount	/Dw	ellingUnits	Eg	ress		PartialDemolition
Enlargement: Horizontal			Vertical		Select One:	For	ipment Installation	V	Equipment Repair / Modification.
Alteration-Type II Complete 7A and indicated		ing - 9, PW		1			B,10C,14,PW-1B	-	EQ Construction Equip13
<u></u>		age -9,PW		┼─	FA FireAlarm		-9,14	1	OT Other - 9, Describe below:
	standpipe		108,100,14	1	FP FireSupp		-9,14	GEN	VERAL CONSTRUCTION
Alteration-TypeIII Complete sections 7A,8(E				1 A,10					
			· · · · · ·						
PartA Job Description (Required for all alterations)				-					
Estimated Cost Total \$ 150,000 Work Type C			(ypeHonly):	01			<u>PL \$30</u> ,		
ROPOSED INSTALLATION OF ONE TEMPORA									
RAILER SUPPORT. EXTERIOR STAIR AND	RAMP	. ALL AS	PER PLA	NS	FILED HERE	WITH.	NO CHANGE IN	USE	S, EGRESS OR OCCUPANC
						_			· · · · · · · · · · · · · · · · · · ·
					Straveturel		not be affected by this	alterot	ion
Alteration Jobs only: Proposed Additional Floor Are	<u>~ 0</u>		sq.ft.	X	buructuratSta	winok with	Care of an octor of a mis-		

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Revised 8-03 PW-1 Page 1

<i>π</i> , <i>π</i>	DI	rk Types Submitted Chec	sk only those items	s sub			ne, if any	y	91	lar	<u>15 </u>	Submittee	1			-
X	PL	Plumbing - PW-1B		- -	SP	Sprinkler	-	14, PW-1B		zc	>	Zoning	_	ME	Mec	hanical
	MH	Mech/HVAC -		_	FA	Fire Alarm	-	14	×	AF	2	Architectural	Х	PL	Plun	nbing
	BL	Boiler - PW-1C			EQ	Construction Equip		13		_ ST	r	Structural		FO	Four	ndation
	FB	Fuel Burning - PW-1C		-	FΡ	Fire Suppression		14		NF	>	No Plans				
	FS	Fuel Storage - PW-1C			¢¢			ate total linear feet:		_		ft.				
	ŞD	Standpipe - 14		×	ΟΤ	Other - D	escriptio	on: GENERAL C	ONSTR	UCI	LION	1				
-17																
		Iding Characteristics						<u> </u>								
	art A			_												
Zo	ning Dist	trict(s) R-10A	Spe	ecial	Distric	Name								Map Nu	mber 8	8C
														~		
Pa		Occupancy Classification							_						_	
Ex	Pr C	Name	E	x	Pr (Class Name			Ex	Pr	Clas	s Na	ne			
		A High Hazard				F-1b Assembly (Ch	urches,	Concert Halls)			J-2	Residentia	al (Apar	tment Ho	uses)	
		B-1 Storage (Moderate Hazard)				F-2 Assembly (Ou	tdoors)				J-2					
		B-2 Storage (Low Hazard)				F-3 Assembly (Mu	useums)	<u>.</u>			J-3		· · · · · ·		House	es)
		C Mercantile				F-4 Assembly (Re	staurant	(S)			ĸ	Miscellane		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		D-1 Industrial (Moderate Hazard)	,	×	×	G Education						Old Code		Building	<u>م</u>	
	1	D-2 Industrial (Low Hazard)				H-1 Institutional (F	Restraine	ed)				Old Code				
	I	E Business				H-2 Institutional (1	ncapacit	ated)				Old Code				
	I	F-1a Assembly (Theaters)			-	J-1 Residential (H				[]						<u> </u>
Pa	rt C C	welling Classification (required for all J- Construction Classification		ation												
Pa			E		Pr	Combustible			Ex	Pr		Old Code				
Pa	Pr	Construction Classification				Combustible II-A Heavy Timber			Ex	Pr	1	Old Code Fireproof Stru				
Pa	Pr	Construction Classification							Ex	Pr	-	Fireproof Stru		ures		
Pa	Pr	Construction Classification Non-Combustible I-A 4 Hour Protected				II-A Heavy Timber II-B Protected Wo	od Joist	ist	Ex	Pr	1	Fireproof Stru Fire-protected	Struct			
Pa	Pr	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected				II-A Heavy Timber II-B Protected Wo II-C Unprotected V	od Joist Vood Joi		Ex	Pr	1 2 3	Fireproof Stru Fire-protected Non-fireproof	d Struct	ctures		
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Pa x Pa Nu Str	Pr	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-C 2 Hour Protected I-C 1 Hour Protected I-E [Ingrotected C C C Stories (3 C C C) stories (3 C C) Thage Dimension (Demolition.s.or.y)				II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	od Joist Vood Joi od Fram Vood Fra	e ame Fire Protection E Standpipe			1 2 3 4 5	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu	d Struct ed Stru Structu res	ctures ires ures	ntary	Requir
Pa x Pa Nu Str	Pr Pr Art D mber of f ght 40	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-C 2 Hour Protected I-C 1 Hour Protected I-E [Ingrotected C C C Stories (3 C C C) stories (3 C C) Thage Dimension (Demolition.s.or.y)				II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	od Joist Vood Joi od Fram Vood Fra	e ame Fire Protection E Standpipe Sprinkler	quipmen		1 2 3 4 5	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu	d Struct ed Stru Structu res	ctures ires ures	Intary	Requir
Pa Ex Pa Nu Str	Pr Pr Art D mber of f ght 40	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-D 1 Hour Protected I-D 1 Hour Protected I-E Unprotected I-E				II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	od Joist Vood Joi od Fram Vood Fra	e ame Fire Protection E Standpipe	quipmen		1 2 3 4 5	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu	d Struct ed Stru Structu res	ctures ires ures	ntary	Requir
Pa Ex Nu Str He	Pr Pr Art D mber of f ght 40	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-D 1 Hour Protected I-D 1 Hour Protected I-E Unorotected I-E				II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	od Joist Vood Joi od Fram Vood Fra	e ame Fire Protection E Standpipe Sprinkler	quipmen		1 2 3 4 5	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu	d Struct ed Stru Structu res	ctures ires ures	Intary	Requir
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	rt C C Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-D 1 Hour Protected I-E [Inprotected Stories (3) Intage Dimension (Demolitional origon) P-O" Dwelling Units NA C C C		s		II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	Open	e ame Fire Protection E Standpipe Sprinkler Fire Alarm Syste Spaces cading Berths	quipmen	sq.	1 2 3 4 5 6	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu Heavy Timbe	I Struct ed Structures res r Structures	ctures ires ures	ntary	sq. 1
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Pa Nu Stre Nu Pa	rt C C Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr Pr	Construction Classification Non-Combustible I-A 4 Hour Protected I-B 3 Hour Protected I-C 2 Hour Protected I-C 2 Hour Protected I-C 1 Hour Protected I-E [Inprotected I-E [Inprotected I-E [Inprotected I-E]] Stories (3) Tage Dimension (Demolition of a construction	Flood Plains	s		II-A Heavy Timber II-B Protected Wo II-C Unprotected Wo II-D Protected Wo II-E Unprotected W	Od Joist Vood Joi od Fram Vood Fra Vood Fram Vood Fram V	e ame Fire Protection E Standpipe Sprinkler Fire Alarm Syste Spaces cading Berths	iquipmen m	sq.	1 2 3 4 5 6	Fireproof Stru Fire-protected Non-fireproof Wood Frame Metal Structu Heavy Timbe	I Struct ed Stru Structu res r Struct	ctures	ntary	
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	Old PA Number
Lessee or Individual Responsible for Annual Permit Renewal Complete if different	ent from building owner.
Last Name First Name	M.I. Title
Business Name	Business Phone (
Address City	
	State ZIP

12 Signs	Select One:	Illuminate	ed	Non-Illumina	ated		
Type of Sign:	Ground		Wall		Roof	Roof Sign is tight,	closed or solid
Height above roof level		in.	- <u>-</u>	Weight	lbs.		
Projection Beyond the Building Line	ft.	 in.		Total Square Foot			
Lessee or Individual Respons	sible for Annual Permit F	Renewal Co	mplete if differ				sq. ft.
Last Name			First Name		M.I.	Title	
Business Name					Business		
Address			City		State		
						211	

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12 Construction Equ	linmont			• 		442/660	
13 Construction Equ					DEPT	OF BLDG	S
Sidewalk Shed	Scaffold	Chute	Fence	Other:			
Material of Construction	BOAVINE	EA Approval Number		SidewalkShed/Li	near Feet		
14 Eiro Brotaction E	milamant						
14 Fire Protection E			r		· 		
SP Sprinkler	Automatic	Non-Automati		Entire		Partial	
FA Fire Alarm System	Automatic	Non-Automati		Entire		Partial	·
SD Standpipe				Entire	<u>.</u>	Partial	
	Automatic	Non-Automati	ic	Entire		Partial	
	<u> </u>						
15 Plot Diagram of Z Plot Diagram must show the corre the existing grades, properly ident lots.	ect street lines from the City Plan	; the plot to be built upon in relation from the proposed buildings in each	n to the street lines a h direction; the Hous	and the portion of the lot to be e Numbers and the Block and	occupied by the	e building; the leg Indicate dimension	al grades and s of total tax
Street Status							
Private	Public	L	egal Width				
						3 	N
Description of Land and P							
The Zoning Lot on which the premis	ses is located is bounded as follows			· · · · · · · · · · · · · · · · · · ·	· · · · · ·	·	
BEGINNING at a point on the		side of		d	ປີເວັດລຸກໄ ' —	· · · ·	fee
of the comer formed by	y the intersection of			and		x	
running thence		feet; thence			- C - C - C - C - C - C - C - C - C - C	ς Γ. C. ι. 	fee
thence	<u> </u>	feet; thence					fer
thence		feet; thence	-		:		fe
thence .	•	feet; thence				c	fer
to the point of beginning.							
						·	
16 Comments		· · · · · · · · · · · · · · · · · · ·					
For New Buildings - Ultimate Nu	mber of Stories proposed:						
		NG WORK TYPE TO	TNDICATE	PLUMBING FIX	TURES.		
<u> </u>		10 100201 2222					
	· ·				<u> </u>	·	
						<u>. </u>	
			<u> </u>	·			

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Statements and Signatures							
Applicant's Statements All applicants must complete and sign below	Owner's Statements						
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,	 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						
except as set forth in the accompanying documents.	The building to be attered, or the site of the new building, or the dwelling to be demolished or removed,						
Tract Housing Statement Complete if applicable and sign below Reference Job Number	as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.						
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.	Yes X No						
Applicant	The owner hast 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						
Iacknowledge that I have read and complied with all instructions pertaining to this application and supplemenatry schedules submitted.							
Name JOHN J. CLARDULLO Date	Yes X No Date DHCR notified:						
Signature Beal(P.E. or R.A.)	Fee Exemption Request Statement 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.						
Madelly	Owner						
	Type of Ownership X Non-Profit						
CEREVARC.	Individual Corporation Partnership 🗶 Government						
S CERT PLAND TANK	Last Name First Name M.I.						
	SINGER ALAN						
TE A MARA 2171	Title EXECUTIVE DIRECTOR						
	Business Name/Agency CONGREGATION SHEARITH ISRAEL						
	Address 8 West 70th Street						
Charles and the second	City New York						
9 010466 10	State NY ZIP 10023 Phone (212) 873-0300						
SOF NEW	Name of Signator ALAN SINGER						
A CONTRACT OF THE OWNER OF	Relationship to politiging Owner EXECUTIVE DIRECTOR						
	1 1 215/05						
	If Corporation, name of second officer						
	Last Name / First Name M.I.						
Falsification of any statement is a misuemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment or both.	Title						
	Address						
it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either (s a gratuity for (r(p)r) performing the job or in exchange for special	City						
Consideration. Violation is punishable by imprisonment or fine or both.	State ZIP Phone ()						
	L						
cIntérnal Use							
Application Complete for Filing and Fee Estimation	Approvals						
Amount Due Prances D	Examined and Recommended for Approval						
Cost Estimate (If different from applicant)	Approved for Foundation Earthwork Only						
Pre-Filer Name	Examiner Name						
Date	Examiner Signature Date						

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		L'Adminer Pagne	
	5-9-06	Examiner Signature Date	·
Initial Amount Paid		Limitation(s): (To appear on permit)	
Venilied By	Date		
Balance Paid			
Verified By	Date		
Stamps and Certifications:		Other Approvals	
	DOB FO	L-A 000042	3 PW-1 Page 4

DOB FOIL-A 000042 -----

	chnical Report	3 1	
	nt pressionsibil	ity Job I	Number
			104427666
(ON THE	Franktine 3 Copies Earn Must Be Doewritten		
	010466 JOL		EPT. OF BLDGS.
Filing Status	97 NE		
Identification of Responsibilities	Certification of Completed Inspe	tions/Tests	Withdrawal of Responsibili
2 Location			
touse No(s).6 StreetName WEST 70TH S	STREET Floor	^{/space} 1st & 2nd	
B Applicant			
ast Name CIARDULLO	First Name JOHN	M.I.,	
usiness Name JOHN CIARDULLO ASSOCIATES		Business Phor	ne (212) 245-0010
ddress 221 West 57th Street	City New York	State NY	ZIP 10019
P.E. R.A.		Lic. No. 1046	6
4 Items	· · · · · · · · · · · · · · · · · · ·		
		entification of Responsibilities	Cert. of Completed Inspec/Te
Borings/Test Pits TR-4	Code/Section	Initials & Date	Initials & Date
Piling TR-5	27-720		
Subgrade	27-723, Dirc 15/71	· .	
Controlled Fill Underpinning	27-679(a) 27-724		
Soil Bearing Pressure AI-1	27-678		
Welding	27-616		
Aluminum	Table 10-2		· · ·
High Strength Bolts	Table 10-2 Table 10-2		
Cable Fittings	Table 10-2(640)		
Smoke Test	27-868		
Fire Stops Ventilation System - Engineer/Installer	<u> </u>		
Ventilation System - Fire Dampers	27-343(d), 779		· · · · ·
Fuel Burning/Storage	27-794		
Noise Control Tests	27-768,769,770		<u> </u>
High Pressure Steam	<u>27-781</u> 1 RCNY §20-02		
Soil Percolation Test - Dry Well			
Soil Percolation Test - Septic	RS 16-P113,9		
Curtain/Panel Wall	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Structural Stability	1 RCNY §16-01		
Spray On Fireproofing - New Installation	27-324(f)		N 200 C
Spray On Fireproofing - Integrity Of Existing	<u>27-324(g)</u>		
Reinforced Masonry Masonry Units	Table 10-2 RS 10-3 3.2		
Concrete	27-603	·	
Concrete - Precast	27-607		
Concrete - Pre-stressed Concrete Design Mix TR-3	27-607		
Concrete Test Cylinders TR-2	<u>27-605</u> 27-607a(1)		
Sprinkler Test (hydrostatic)	27-967		
Standpipe Test	27-951		
Fire Alarm Test Chimneys	27-977 27-856	-	
Emergency Generators	27-794		
Emergency Lighting - PA (if not in con	npliance with Memo 2/19/81)		
Gas Pipe Welding - High Pressure Heating System/Boilers	RS16-P115		-
Tenant Protection Plan	27-793 Memo 1/6/84		
Laminated I Beam Notification to FDNY			
Septic System Installation	RS 16-P113.3		
Drywell Installation Retention/Detention		\uparrow	

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/ / DOB FOIL-A 000043

5 Statements and Signatures Complete the appropriate section	ns 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	Owner
V Identification of Responsibilities	I hereby state that I have authorized the applicant to perform the work specified herein.
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.	Name ALAN SINGER Title EXECUTIVE DIRECTOR Signature
✓ Directive 14 Inspection Request	1 1/6 8/5/04
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.	P.E. or R.A. Responsible for Plans
Upon completion of the work and after my final inspection, I shall file a certification attesting to the fact the ali 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 other miss.	I certify that the Libensed Professional or Registered Architect engaged by the owner to supervise the work specified above is acceptable
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 lass of my privileges to file under Directives 2 and 14 of 1975 or issuance of a violation, or both.	Name JOHN CASCULLO Signates Date Date Date Date Date
<u> </u>	
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.	B Carter S
Some of the controlled inspections/tests indicated herein have been performed by the previously designated individual, as indicated in the attached report.	OF NEW
Certification of Completed Inspections/Tests	Licensed Licensed Contractor
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.	All controlled inspection reports and other reports relating to quality of fire alarm and communication systems have been found satisfactory and have been filed.
	Signature Date
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.	Seal
Violation Femoval	4
The following violations were corrected as a result of work performed under the job/application number referenced herein. Thurc fore, I respectfully request removal of these violations:	
	-
Withdrawa' of Applicant	1
i a.n 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	
	1
Signature Manuellat 08:05.05	
Seal (P.E., R.A.)	
OF NEW	
ŝ.	

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DOB FOIL-A 000044

Revised 11/12/2004 TR-1 Page 2



-83

2

Cost Affidavit

Please File 1 Copy Affdavit Must Be Typewritten



Filed By:	\checkmark	Contractor	Owner
For Issuance Of:		Work Permit	Cert. of Occupancy

	······································		
Biock 1122	Lot(s)37	8/N	
Street Name WEST 70TH	I STREET	Apt/Condo No(s).	
SCHOOL		Fiour(s)	·····
	Biock 1122 Street Name WEST 70TH SCHOOL	Street Name WEST 70TH STREET	Street Name WEST 70TH STREET Apt/Condo No(s).

Last Name First Name Business Name	M.I. Title	
		1
	Business Phone ()	
Address City	State ZIP	

Last Name SICO	First Mame MICHAEL	M.I. E.	Title AREA SALES MNGR.
Business Name VANGUARD MODULAR BUILDING SYSTEM	AS, LLC	Business Pho	me (770) 416-9311
Address 100 Lindenwood Drive, Suite 200	City Malvern	State PA	ZIP 19355

	Cost Informa	tion			٦
\checkmark	Estimated	Actual	Cost: 150	,000,00	

6 Statements and Signa	atures
Falsification of any statement is a Administrative Code and is punishable	i miscismesnor under Section 28-124 of the ibysfineorimprisonment, orboth,
monetary or other wise, either as a grat	ee, or for a city employee to accept, any benefit, oity for properly performing the job or in exchange sunishable by imprisonment or firre or both.
Owner Statement	
in the aforementioned job, and u	e by contractors who bid for the work described pon my best judgement and estimate, the cost of mentioned job will be the cost stated above.
The final cost of the work the cost stated above.	described in the aforementioned job was
Name	
Signatura	D*t•
Contractor Statement	
To my best knowledge, experience : described in the aforementioned job	and judgement, the cost of the proposed work o will be the cost stated above.
Nama MICHAEL SICO	
Signature A.	Data

7 Notarization State of New York, County of U. U.W. . Sworn to bottope me this 8 day of Alse 2086 Signature ANNUM AND Seal - 2086 Seal - ANNUM AND ALSE VELEX NOTARY PUDIC Show of Now York . Countries on Barning Jerson Country 12 8007

PW-3 (Rev. 6/03)



12

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:**

	·		·		TORY 01
		e all sections) Expected Job			
	newal with change	(complete all sections inc	luding notarizing a	nd signing section 9)	
	newal with no char	ige (complete sections	6, 7 & 8 only)		
21 contion					· · · · · · · · · · · · · · · · · · ·
	Block 1122	07		4000540	
Borough MANHATTAN		Lot(s) 37		віл 1028510	
House No(s). 6	Street Name Wes	st 70th Street			
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
3 Applicant/Contractor		100			040500574
Last Name SICO		First Name MIC			payer ID: 010522571
Business Name VANGUARD MODUL			770) 416-9311		sico@vanguardmodular.com
Address 100 Lindenwood Drive, S	uite 200	City Malvern		State PA	zip 19355
		-			
4 Filing Representative	Complete if different from				
Last Name RIVERAMIRABAL	· · · · ·		ELA/STALIN	^M.1.	Registration No.
Business Name J.M.V. ASSOCIATES			718) 631-0006	E-Mail Address	
Address 38-35 BELL BLVD., SU	JILE 350	City_BAYSI	DE	_ _{State} NY	_{ZIP} 11361
5 Insurance (P.E. / R.A. only)					
Compensation insurance has been secure					
Workman's Compensation Insurance (fo	ir all permits)	Liability Insurance (for N	B permits)	Street Obstruction B	ond Insurance (for EQ permits)
Disability Insurance (for all permits)				· · · · · ·	
For renewal	with no ch	ange, comple	ete only se	ctions (6, 7 8	& 8) below
r	,,,,,,,,,				·
6 Applicant Information	Nav		a (t-'-a		
Please check which one of the fo Licensee (Provide number ar				O Sign Hanger	Lic No.
Does the Work Permit applied				H.I.C. # here if yes):	
2 General Contractor, Provide					
Demolition Contractor Home Owner (waiver of insu					
If MP, FSC, or OBI applicant, are	you responsible for	all work on his permit?	LI Yes LI No	If not, please descri	be type of work below:
L					
7 Tune of Dormit	······································	\sim	·		e.
7 Type of Permit	No Work Permit		· · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·
For a new building (NB) per					
New Building	Alteration		Boiler		Standpipe
Demolition & Removal	Plumbing	N .	e] Oil 🔲 Gas	G Fire Alarm
□ Foundation/Earthwork □ Earthwork Only	Curte Curte	L. L.	Fuel Storage		Fire Suppression System
	Construction E		Sprinkler		Mechanical/HVAC
For Foundation/Earthwork Permits, pro		sq. ft.	`	· · · ·	
If this is a secondary plumbing,	sprinkler, of standpi	pe permit, provide the se	econdary permit des	cription here:	
			•		
8 Statements & Signatur	OS - must be somet	ated by all applicants for a		ne sheak off (v) have hel	
					· •
I hereby state that the above informati §26-124 of the Administrative Code a					
employee to accept, any benefit, mon					
A conviction of offering of a bribe or g					
I hereby state that this renewal	-	•	enrocontative Super	intendent of Constructio	n Sita
Safety Manager, or Insurance 1				intendent of constructio	n, one
,		,			Seat (if applicable)
Applicant Name Please print) MICHAE	LSICO		Title AREA SALES	MANAGER	
Signature	A				
L_ Uhchad	/	·····	Date 12(8/0-	6	
DEMININED.	18/	4			1

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.

Revised 04-13-2005 PW-2 Page 1 of 2



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Work Permit Application

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

Job	Number (Affix Label	or type in nu	DATO	RÝ
<u>104</u>	<u>4276</u>	66		
D			<u> </u>	

Documen	t	Ν	uml	bei
MANDA	т	n	DV	

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

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

land a single of the	Name (please print) MICHAEL SICO	Notarization for Superintendent of Construction
k	Signature	(required if Superintendent of Construction is not licensed)
	N .	State of New York, County of QNOW
		Sworn to or affirmed under penalty of perjury day of Net 20 01
	Vhcael -	Notary Signature
		HOEANING WELEZ NOT PUBLIC VELEZ
		ADCA MAL MA AS02363
	Date	
	12/Ploc	Commission Expires January 12, 2001
Seal (if applicable)	The applicant's signing and notariz	ration must take place on the same date

10 Site Safety Manager Please complete if k	building in 47 states	
interior interior interior interior interior interiori i	Juilding is 15 stones or more, taller than 2	200ft, or has a lot coverage of more than 100K square ft.
Cast Manie	First Name	M.I.
Business Name	Business Phone ()	
Address	City	E-Mail Address
Certificate No.:	City	State ZIP
10a Contractor's Statement For Dity of File		
10a Contractor's Statement for Site Safety Plan		
I have advised the individual named above that they have bee Safety Manager. I hereby state that the individual designated to be Site Safety N of the Contractor and possesses a unit Site Contractor and	l agree to waive the	ndraw the proceeding against the said Site Safety Manager. e objections and defense that he is not the proper party-defendant in eding based upon the failure of the Site Safety Manager referenced

inager 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.

above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.

l acknowledge, certify, and accept all of the above

lagree 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 10b Site Safety Manager Statement

Contractor Name ¢, ast S. V Title

Signature 1.37 -

I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the function required of a Site Safety Manager as set forth in the Department of Buildings rules a regulations. I acknowledge, certify, and accept all of the above.	ons and	Name 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

 $\{e_{1}^{i},e_{2}^{i},e_{2}^{i}\}$

Revised 04-13--2005 PW-2 Page 2 of 2

Date

DOB FC	DIL-A 0	00048
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29

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 2 Initial Permit (complete all se	ctions) Expected Job Start Date:	
Renewal with change (compl	lete all sections including notarizing an	nd signing section 9)
Renewal with no change (co	omplete sections 6, 7 & 8 only)	
2 Location	.	
Borough MANHATTAN Block 1122	Lot(s) 37	віл 1028510
House No(s). 6 Street Name West 70t	h Street	·
		·
3 Applicant/Contractor		
Last Name SICO	First Name MICHAEL	M.I. Tax-payer ID: 010522571
Business Name VANGUARD MODULAR BUILDING SYSTEMS,		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 applica		
	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	BAYSIDE	State NY ZIP 11361
	·	
5 Insurance (P.E. / R.A. only) Check off all required items ar		
Compensation insurance has been secured in accordance with the require		
	Liability Insurance (for NB permits)	Street Obstruction Bond Insurance (for EQ permits)
Disability Insurance (for all permits)		
For renewal with no chang	ge, complete only se	ctions (6, 7 & 8) below
6 Applicant Information		· · · · · · · · · · · · · · · · · · ·
Please check which one of the following applies to the appl	icant for this permit (select one only)	
The Lingmann (Provide number and shock off type). O.D.		
	E. ORA. OMP OFSC OOB	
Does the Work Permit applied for require a H.I.C. licens	se? 🔲 No 🛛 🗋 Yes (Provide H	O Sign Hanger Lic. No.: H.I.C. # here if yes):
	se? 🔲 No 🛛 🗋 Yes (Provide H	
 Does the Work Permit applied for require a H.I.C. licens General Contractor, Provide Tracking No. (mandatory) 	se? I No I Yes (Provide H): 36316	H.I.C. # here if yes):
 Does the Work Permit applied for require a H.I.C. licens General Contractor, Provide Tracking No. (mandatory) Demolition Contractor 	se? I No I Yes (Provide F): 36316 e Workman's Compensation Board req	H.I.C. # here if yes):
 Does the Work Permit applied for require a H.I.C. licens General Contractor, Provide Tracking No. (mandatory) Demolition Contractor Home Owner (waiver of insurance from New York State 	se? I No I Yes (Provide F): 36316 e Workman's Compensation Board req	H.I.C. # here if yes):
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 □ Does the Work Permit applied for require a H.I.C. licens ☑ General Contractor, Provide Tracking No. (mandatory) □ Demolition Contractor □ Home Owner (waiver of insurance from New York State If MP, FSC, or OBI applicant, are you responsible for all wood the second state of the second state o	e Workman's Compensation Board req where we werkman's Compensation Board req where application number (9 digit ence application number (9 digit Sign Boiler PA Fuel Burning: Fuel Storage went Sprinkler	H.I.C. # here if yes): quired and Borough Commissioner's approval.) If not, please describe type of work below: Is):
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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.

Revised 04-13-2005 PW-2 Page 1 of 2



Seal (if applicable)

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Work Permit Application

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

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Do MANDATORY

9a Superintendent of	Constru	ction Ple	ease compl	ete if superintende	ent of construction is di	fferent than	the an	nlicant in sec	tion 3
				First Name MICH	IAEL			p	
Business Name VANGUARD MC	DULAR BU	ILDING SY	STEMS, LL	C Business Phone (770) 416-9311	E-Mail A	ddress		
Address 100 Lindenwood Driv	ve, Suite 2	00		City Malvern		State P	A	ZIP 19355	
Check one: P.E. R.A.		FSC		Sign Hanger	General Contractor	нс		mo Contractor	Home Owner
Taxpayer ID No. 010522571	1	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 Notarization for Superintendent of Construction Signatur (required if Superintendent of Construction is not licensed) State of New York, County of Swort to or affirmed under penalty of perjury day of 2006 Nota Notary Seal JAGOLIELNE VELEZ Notary Public, State of Naw York Date No. 4882863 1218/06 insinted in Queens County Commission Expires January 12 2001 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 tha	in 200ft or has a	a lot covera	de of more than 100K onlight #
Last Name F	irst Name		20014 01 1143 0	MI.	ge of more than took square it.
Business Name E	Business Pho	ne ()		E-Mail Addres	
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Certificate No.:					K .13
10a Contractor's Statement for Site Safety Plan		·		· · ·	
I have advised the individual named above that they have been designated as Safety Manager. I hereby state that the individual designated to be Site Safety Manager is an e of the Contractor and possesses a valid Site Safety Manager Certificate. The in designated by me shall function as Site Safety Manager for all construction work required permit renewals as long as such renewals certify no change to Sit Manager to be performed at the location referenced on page one, block two (application which is covered by the Department of Buildings regulations for Si Programs. I agree to either substitute myself as a defendant in the place of the Site Safety in any proceedings brought against the Site Safety Manager or agree to proceeding commenced against it as a condition for the Corporation Counsel of	mployee ndividual kand any te Safety (2) of this te Safety Manager	agree to walve any criminal pro above, to comp for Site Safety N	the objections and beceeding based upo ly with their duties as Managers. certify, and accept	defense that on the failure s set forth in th	t the said Site Safety Manager. he is not the proper party-defendant in of the Site Safety Manager referenced ne Department of Buildings regulations eve.
10b Site Safety Manager Statement		<u> </u>		~	
 as Site Safety Manager, will perform, on behalf of the Contractor, all of the required of a Site Safety Manager as set forth in the Department of Buildings regulations. 	functions rules and	Name Title			
I acknowledge, certify, and accept all of the above.		Signature		4 2	Date
Notarization for Site Safety Manager		Notary Signature			Notary Seal
State of New York, County of				1	
Sworn to or affirmed under penalty of perjury day of	20		•		
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Borough Superintendeut.

DEPARTMENT OF HOUSING AND HULDINGS

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NO CHANGES OF USE OR OCCUPANCE NOT CONSISTENT WITH THIS CERTIFICATE SHALL SIL 1. BE MADE UNLESS FIRST APPROVED BY THE BCROUGH SUPERINTENDENT

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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.

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The superlimitions as it is a later and the task is the second start of the bar of the same stresses in 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, not 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. Adda Stor William Same

deliber 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, for any, part, thereof from obtaining such other permits, licenses or approvals as may be prescribed by lay 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 the planm systems where required by law; nor from complying with any lawful order for additional freedtinguishing 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 encroacements into a public highway or other public place, whether attached to or part of the building or not. 11.533.641

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 j by a full certificate at the date of expiration.

addar Gladad (* 18 sta la del 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 moted on E 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.

"8 646 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 of 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 fornished to persons having an interest to the building or premises, upon payment of a fee of fifty cents per copy.

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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.

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**§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 airsupported 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.

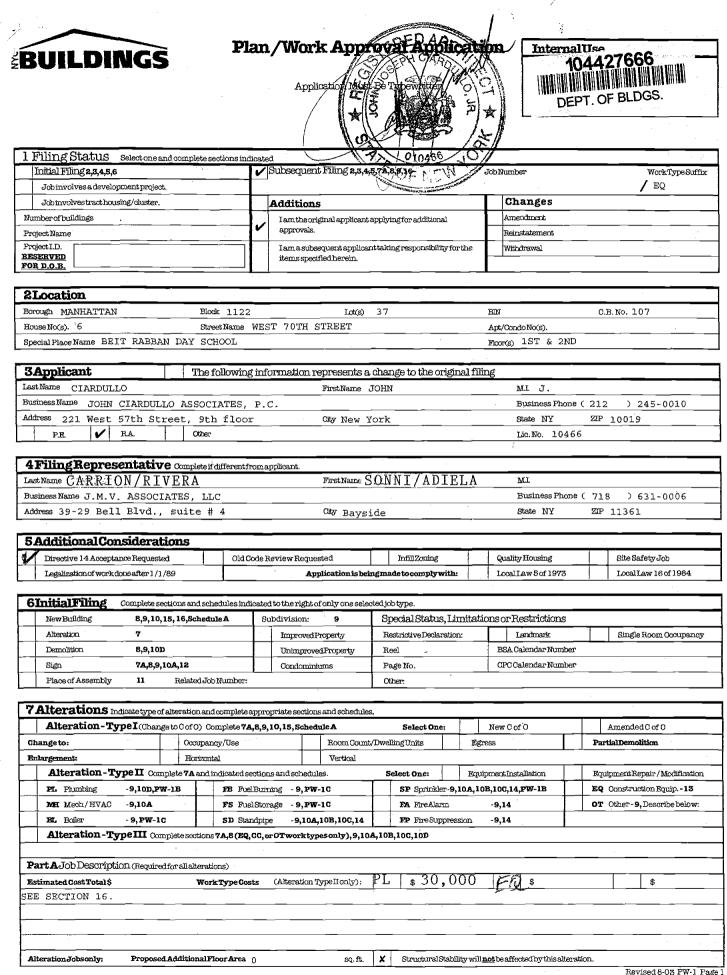


Additional Information

1 Filing Status	
Job Number 104427666	As an attachment to:
Sheet Number 1 of 1 Sheets	6 West 70th Street, New York, NY
2 Additional Information	
Respectfully request approval of the above referenced project	t based on the following facts:
1. All work is within the property line and therefore no approv	
2. Proposed temporary trailer is permitted to be filed as an Al	
-3. According to section 27-509 of the building code a 10'-0" for	
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3 Statements and Signatures	The start start
I hereby state that all of the above information is complete and correct to the best of my knowledge	Applican Name (50HALACI DUNLO)
	Signature
Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Bullding Code and is punishable by a fine or imprisonment, or both.	~ / / / / / / / / / / / / / / / / / / /
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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	X 72 K010466 10
punishable by imprisonment or fine or both.	OF NEW Y
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PL : 30000 TOT EST COST = 30000 => FEE= 397.50 FENCE : 130	: BUILDING TYPE: OTHER : FEE STATUS: EXEMPT : COMPUTED TOTAL FEE: 527.50 : MINIMUM REQUIRED PAYMENT: 527.50
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Date: 6/30/2006 Time: 10:04:49 AM



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Statements and Signatures								
Applicant's Statements All applicants must complete and sign below	Owner's Statements							
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,	I have authorized the applicant to file this application for the work specified herein and all future amendments.							
except as set forth in the accompanying documents.	Owner's Certification Regarding Occupied Housing Accommodations							
	The building to be attered, or the site of the new building, or the dwalling to be attered.							
Tract Housing Statement Complete if applicable and sign below Reference Job Number	as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.							
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.	Yes X No							
Applicant	The owner hast 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 difficult precised in the such as the such agency as the such							
lacknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.	timing oppication ().							
Name JOHN J. CARDULLO	Yes 🗶 No Date DHCR notified:							
Signature Date 0/26/00								
A standy	Fee Exemption Request Statement							
Seal (F.E. of R.A.)	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							
ERED AGO	Type of Ownership X Non-Profit							
S EPH CIAN TY	Individual Corporation Partnership 🗶 Government							
WS STELE	Last Name First Name M.I. SINGER ALAN							
	Title EXECUTIVE DIRECTOR							
	Business Name/Agency CONGREGATION SHEARITH ISRAEL							
og to the second	Address 8 West 70th Street							
910486	City New York							
COE NIEW	State NY ZIP 10023 Phone (212) 873-0300							
T ISL I	Name of Signator ALAN SINGER							
	Relationship to Building Owner EXECUTIVE DIRECTOR							
	Signature Date							
	If Corporation, name of second officer							
	Last Name M.I.							
Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code	Title							
and is punishable by a fine or imprisonment, or both.	Address							
It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a credulty for annual of	City							
otherwise, either as a gratuity for property performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.	State ZIP Phone ()							

- 5

Internal Use								
Application Complete for Filing and Fee Estimation		Annaucla	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Amount Due B & 77, 50	·	Approvals Examined and Becommended (
Cost Estimate (If different from applicant)	1 .	Examined and Recommended for Approval						
Pre-Filer Nome	- 6/30/NL	- Approved for	Foundation	Earthwork Only				
Cethic and		Examiner Name						
	Date I	Examiner Signature		Date				
Initial Amount Paid								
Verified By		Limitation(s): (To a	ppear on permit)					
	Date							
Balance Paid		· · · · · · · · · · · · · · · · · · ·						
Verified By	······							
Vermed By	Date							
Stamps and Cardlers	· · · · · · · · · · · · · · · · · · ·							
Stamps and Certifications:		Other Approvals						
		Examiner Name						
		Examiner Signature		Date				
		Approved						
		Borough Superintenden	t Signature	Date				
				Revised 8-03 PW-1 Page4				

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ment or fine or both

Name JOHN CLARI

Applicary

Signa

Page of 104427666 DEPT. OF BLDGS.

7

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	С.В. 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 thi	is 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 D	Discharges into:	
Storm Sewer Combined Sewer Private Disposal Sanitary Sewe	r 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 Reloc	cate Describe all below:
	·	
7 Ora and Ora Faultament Data		
7 Gas and Gas Equipment Data	· · · · · · · · · · · · · · · · · · ·	
Gas Piping Involved Yes 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 hisers	<u> </u>	
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: O Heat O Boiler Pilot for oil burner	O Water Heater	O Dryer
O Cooking O Tankless Coil	O HVAC	O Fire Place
O Other (describe):	UTIVAC	
	· · · · · · · · · · · · · · · · · · ·	
8 Sprinkler Totals Total number of sprinkler heads typed on back of	of form:	
Water not off the domestic water supply Water off the domestic water supply	Related PL job # of domestic water (connection:
	Treated r L job # of domestic Water (
9 Statements and Signatures	Sign-off FO	R 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.	has been done in	at the work indicated above a manner required by the ations of the New York City ildings.

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 imprisonŝ 愌 ഗ

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Sign off for

Inspector's Name (print)

Badge #

Signature

Date

Revised 12/31/03 PW-1B

(define worktype/s)

		ation (for new work only)	Flo	ors -	Ind	icat	e#o	f pro	opos	sed (com	pon	ents	and	/or :	X fo	r pir	oing			2
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Sprinkler (SP)	+ P	Sprinkler Piping - Dry	1	1		1			 		1	-	†			-	-	<u> </u>			. <u> </u>
	t P	Sprinkler Piping - Wet				†-		†—	-			+			┣─		†—	<u> </u>	┝──┤	┟──┥	<u> </u>
1	E	Dry Pipe Valve		†—	-		-	-		<u> </u>	1	-					├			┟──┦	
ŕ		Booster Pump - SP	1 -		†		1	<u> </u>		<u> </u>	<u> </u>				ļ —	<u> </u>				┝──┤	
	F		+-	-	<u> </u>		1-	-		-	-	+ -	1		-		┼		\vdash	<u> </u>	
	F	Siamese FDC	1	†	<u> </u>		1	<u> </u>	1		1	+					<u> </u>	<u> </u>	\vdash	┟──┤	
	F	Sprinkler Heads						-	+			+						-	┝━━┤	┟──┤	
Sprinkler (PL)	P	Sprinkler Piping Wet	1			-				<u> </u>	-	<u> </u>		-			+-			┟──┤	
Sprinkler (PL)	F	Sprinkler Heads (thirty or less)	+-	-			-		 		-								\vdash	┝──┤	
Eiro Stondning (SD)		Standpipe Piping			+		-		+		┼──	-		<u> </u>			<u> </u>		<u> </u>	┟──┤	
Fire Standpipe (SD)		Fire Pump	+	-	-	-			-			1	<u> </u>		-		<u> </u>	_		┝──┤	
÷	-	Booster Pump - SD	-		<u> </u>	<u> </u>	-		<u> </u>					_			<u> </u>			\vdash	
	F	Floor/Riser Control Valve	-			<u> </u>			<u> </u>			┨		_			<u> </u>				
	F	Hose Cabinet/Rack/Valve				-			<u> </u>			┼		-			ļ			\square	
	F			-	<u> </u>	<u> </u>		L	<u> </u>			-			<u> </u>			_			
	+	Siamese FDC	<u> </u>		<u> </u>		<u> </u>		<u> </u>												
Water/San. (PL)		Sanitary Piping (Soil & Venting)	+-	<u> </u>			┼—	<u> </u>	-	<u> </u>	<u> </u>		<u> </u>								_
*		Water Piping	_	 	<u> </u>		<u> </u>		↓												
	P	Water Service Piping		<u> </u>		 		[<u> </u>												
	E	Sewer Ejection Pump		<u> </u>	-	 	<u> </u>	<u> </u>													
	F	Bathtubs/Whirlpools/Hot Tub/Sauna	<u> </u>																		
	F	Bidet																			
	F	Chiller/Cooler					Í		1												
	F	Dishwasher		_		_						,				-					
	F	Domestic Water Tank/Pump		T					<u> </u>			1	-	-							
	F	Drinking Fountain	1						 -		-	1									
	F	Floor Drain	1				1			-			. 1	-							
	F	Grease Trap/Oil Separator	1	<u> </u>		F						1	-				+				
	F	Ice Maker	1	<u> </u>			-						-								
	F	In-sink Garbage Disposal	†—		-	<u> </u>						<u> </u>		——							
	F	Lavatory (Common Wash Basin)		 	4		\vdash		 . -	1		+	-					<u> </u>	$ \rightarrow$		
	F	Laundry - Standpipe	+		4		+	<u> </u>		<u> </u>	┣						<u> </u>				
is.	F	Pool	+						<u> </u>		╂				-		-				
	F	RPZ/Backflow Preventer			-	<u> </u>	-		-	┣━─								ļ]		
	F				<u> </u>		<u> </u>			<u> </u>			<u> </u>	_							
	F	Sink - Non Residential	-	<u> </u>	<u> </u>		<u> </u>		<u> </u>	ļ		<u> </u>									
		Sink - Residential	┢	ļ	ļ	<u> </u>			<u> </u>	<u> </u>	<u> </u>	L		_							
	F	Stall Shower	-			<u> </u>				<u> </u>											
	F	Tankless Coil	L		\square		L														
	F	Toilet (Water Closet)			2						÷.										
	F	Urinal															\square				
· · · · · · · · · · · · · · · · · · ·	F	Washing Machine					-										-				
	F	Water Heater (Non-Gas)					1	_	1							_			-+	-+	
Storm (PL)	P	Storm Drainage Piping	1	ľ	-	1			<u> </u>			-					-			-+	
	E	Sump Pump	1			— -	1					1							-+		
<u>.</u>	F	Area/Yard Drain	1	<u> </u>		r	-		-			1					-	-	\rightarrow		
	F	Detention Tank	†	<u> </u>					-			-								-+	
· · · ·	F	Dry Well/Retention	1—				-		-	-		-					<u> </u>	$\left - \right $	-+		
and the second sec	F	Roof Drain	1					<u> </u>			<u> </u>	┣-								$ \rightarrow $	
<u>*</u> *	+	Gas Piping	+-		<u> </u>	<u> </u>		 	-		<u> </u>	┣—					<u> </u>		$ \rightarrow$		
Gas (PL)	E	Emergency Shut-off Valve				<u> </u>				-		<u> </u>							$ \rightarrow$		
			+	<u> </u>	<u> </u>		+					<u> </u>									
. *		Fire Suppression Shut-off Valve	+						┝─┤	ł				10.00.35	a (15)	10000					
4	E	Gas Booster Pump		<u> </u>					<u> </u>			and the second	2	ED	À	\sim	Star Barrow				
· · ·	F	Cooking Equipment (non-residential)	<u> </u>	 	L	•						1	(Kr)		1	<u>.</u> [][]	<u>K</u> .	A CON			
	F	Cooking Equipment (residential)	<u> </u>									3	65	201	~~~;	0_{c}	$\langle \rangle$	H_{i}	1		
1	F	Gas Boiler (<350K,non-comm,<6fam)									1	97.	5	-	4	. *	\sim	\sim	¥		
	F	Gas Burner									ľα	F/3	1	G		Q.		-4		- +	_
	F	Gas Dryer					. 1					lo				124	Ĩ	×	\mathbb{H}		
	F	Gas Furnace					<u> </u>			-1	🎢	5	0		<u></u>				#	-+	
	F	Gas Meter	-					_			Ŵ,	p/	-4			<u>تي مع</u>	\vdash	2	++	+	-
	F	Gas Water Heater	1				-1		\mathbf{h}	\vdash	\mathbf{X}		1	-	_		1 10	~/	-+	-+	
Medical (PL) *	1.	Medical Gas Piping		1			\vdash	+-	H			Y	$\left \right\rangle$	<u>(</u> 34	028		49	1			-+
Medical (PL) *	E						$\left - \right $	\vdash	41	A.	A	\checkmark)rl	14	<u>W</u> 2	لتخدر				
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Schedule B

Plumbing/Sprinkler/Standpipe For Plumbing, Sprinkler, & Standpipe Installations/Repairs Please File 3 copies

DOB FOIL-A 000061

Job Number		

Page

of

(Affix Label)

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 705	TH STREET			Floor(s) 1ST	2ND	U.B. 110. 201
	Steet Name				Floor(s) ====		
	-						
2 Installation Costs				- 			
Work type costs: PL: \$	10,0000 S	<u>P:</u> \$		SD:	\$		
3 Additional Considerati	ions	Check this box	f no components	s are type	d in section 1	0 of this for	m
Made to Remove Violation	Violation Number(s):	· _		Cor	nplete revision		hanges/additional components
4 Drainage Information	(required for all New Buildi	ngs)					
Storm Drainage Discharges into:			Sanitary Drainage	Discharges i	into:		
Storm Sewer Combin	ned Sewer Private	Disposal	Sanitary Sewe	er	Combined Sew	er	Private Disposal
	· _ · · · · · · · · · · · · · · ·	1			- I		
5 Sewer Work (check all t	hat apply)						·
		Connection			Septic Tar	k	
SD1,2,3						IR .	
6 Caplromovolroplacel	locato (company)						
6 Cap/remove/replace/re	elocate (components)		p or remove	Rep	blace	Relocate	Describe all below:
	,						
		-		_			
χ.							
				•			
7 Gas and Gas Equipme	nt Data			-			
	No No						
Describe Gas Fired Equipment:							
						_	
					· · ·	. *	
Gas meters/risers data (check of	f below all that apply Check off typ	es of tas usage for a	any listed meters <i>I</i> riser	c)			
	cation(s) (Floor/Apt list						
				-			
	cation(s) (Floor/Apt list :						
F		Boiler Pilot fo			Water Heater	•	O Dryer
0	Cooking (<u>Tankless Col</u>	<u> </u>	0	HVAC		O Fire Place
0	Other (describe):		•		•		
8 Sprinkler Totals	Total number of sp	orinkler heads	typed on back	of form:			
Water not off the domestic water sup	ply Water o	ff the domestic water	supply	Related i	PL job # of domest	ic water connec	stion:
				·	- · · ·	· ·	
9 Statements and Signa	tures		Care Court		Sign-off	FOR INT	ERNAL USE ONLY
I hereby state that the information		I SEAL AF	DEDAR				
complete to the best of my kno		SEA CY	OH CIAN	XIX			e work indicated above nanner required by the
Falsification of any statement is	a misdemeanor under §26		NON.		Rules and	Regulations	s of the New York City
124 of the Administrative Code	and is punishable by a fine		The K	1'61	Department	of Building	js.
or imprisonment, or both. It is unlawful to give to a city emp	lovee orfora city employee	1415		1-1			(1.5
to accept, any benefit, moneta	ry or otherwise, either as a		们的新加。并	う女	L Sign o	tt for	(define worktype/s)
gratuity for properly performing	the job or in exchange for	r (N. \ - 2	山田語道	/ ^ //	I		
special consideration. Violation	n is punishable by imprison	- NOz)			Inspector's Na	me (print)	
ment or fine or both.	a .		010466 YC	\$# -	Badge #		
Applicant Name JOHN CLARDULLS	·/	- N.E.	25 METAL		Signature		· · ·
Signature	11		T NEW	/			
A AA	AL Date 6/12/06			·.	Date		
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	F	Contract Control Valve							[1			1		1	1			_	F
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Sprinkler (PL) *	P	Sprinkler Piping Wet					}					•			-	1						┢╴
	F					1			<u> </u>		-	-					1	ŧ—	<u> </u>		_	┢─
Fire Standpipe (SD)	P	Standpipe Piping							1		1.			1	1-		1-	-	<u> </u>		_	F
*	E	Fire Pump	1	1	-				Í		†	<u> </u>		<u> </u>	1-	1	+ .		<u> </u>		_	┢
*	E	Booster Pump - SD	1				†	<u> </u>	\vdash	<u> </u>		<u>├</u> ─		1		+	┢──	-				\vdash
	F	Floor/Riser Control Valve	+			-	1			†—	1	-	-	-	┢━─	-	+		<u> </u>		_	⊢
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DOB FOIL-A 000062



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Schedule B

DOB FOIL-A 000063

Page of Job Number (Affix Label)

Plumbing/Sprinkler/Standpipe For Plumbing, Sprinkler, & Standpipe Installations/Repairs Please File 3 copies

Application Must Be Typewritten

(See Instructions)

<u> </u>								
1 Location								
Borough MANHATTAN	Block 11		Lot(s)	37		BIN	_	C.B. No. 107
House No(s). 6	Street Nar	neWEST 70TH S	TREET			Floor(s) 1ST &	2ND	
								· · · · · ·
2 Installation Cost							· · ·	
Work type costs: F	L: \$ ^{30,0000}	SP: \$	<u> </u>		SD:	\$		
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3 Additional Consi	derations	Chec	k this box i	f no componen	ts are type	d in section 10	of this for	n
Made to Remove Violation	Violation Nur	nber(s):			Con	nplete revision	c	hanges/additional components
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4 Drainage Inform		li New Buildings)						·
Storm Drainage Discharges into:	· · · · · · · · · · · · · · · · · · ·			Sanitary Drainage		T		1
Storm Sewer	Combined Sewer	Private Dispos	al	Sanitary Sev	wer	Combined Sewe		Private Disposal
5 Sewer Work (che	als all that an abd							
	eck all that apply)					Septic Tanl	÷	
SD1,2,3	· · · · ·	Site Conne	ction		1	1 Septic Tan	N	
6 Cap/remove/repl	acolrelocate (com	nononte)		o or remove	- Dor	lace	Relocate	Describe all below
о сарленотери				o or remove			Relocate	Describe all below:
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7 Gas and Gas Equ	ipment Data	-						
Gas Piping Involved Y				<u> </u>	· .		,	
Describe Gas Fired Equipment:								· · · · · · · · · · · · · · · · · · ·
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· · · · · · · · · · · · · · · · · · ·								
Gas meters/risers data	(check off below all that appl	ly. Check off types of g	as usage for a	any listed meters /ris	ers).			
Total Meters:	Location(s) (Floor	r/Apt list all the	at apply for	this application	 ו):			
Total Risers:	Location(s) (Floor	r/Apt list all the	at apply for	this application	<u>וווי</u> (1):			, ,
Gas usage:	O Heat	O Bo	íler Pilot fo	r oil burner	0	Water Heater		O Dryer
	O Cooking	O Ta	nkless Coil		0	HVAC		O Fire Place
	O Other (describ	e):		~				
8 Sprinkler Totals	Total n	umber of sprinkl	ler heads	typed on back	k of form:			
Water not off the domestic	water supply	Water off the c	domestic water	supply	Related i	PL job # of domesti	c water connec	tion:
9 Statements and	Signatures		and the second	CD		Sign-off	FOR INT	ERNAL USE ONLY
I hereby state that the inf	ormation on this form	is correct and s	EAL X	ALL ARO	A A A A A A A A A A A A A A A A A A A	I hereby cer	tify that the	e work indicated above
complete to the best of Falsification of any state		or under 826-	11. 2/5	EPH CIARO	λ			nanner required by the of the New York City
124 of the Administrativ	e Code and is punish:	able by a fine	14/8	and the	131	Department		
or imprisonment, or both		oity employee		A A A				
It is unlawful to give to a c	ary employee, or lor a (ara embioaee 🚦	1.10 1	underer let	≍i.a	Sign of	t for	(define worktype/s)

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

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Applican

Signa

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Revised 12/31/03 PW-1B

Inspector's Name (print)

Badge #

Signature

Date

DOB FOIL-A 000063

nlo

Date

10 Equipment Info				-					_			_		_			_	_)		ot
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		ASSOCIATION INCIDENT PROTOCOL																		. — —	

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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



PERMI **CERTIFICATE OF NO EFFECT**

ISSUE DATE: 08/16/05	EXPIRATION DATE: 08/17/2009	ЬОСКЕТ #: 061169	CNE #: CNE 06-1265	
CONGREGATION S	ADDRESS EST 70TH STREET SHEARITH ISRAEL SYNA(VIDUAL LANDMARK	BOROUGH GOGUE MANHATTA		
	Display This Permi	t While Work Is In 2 A LUC	Progress 104203:	205
ISSUED TO:		a a companya na manana manana manana manana manana manana ana	A JEREN AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA AVERA A	

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 involut 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

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 Zephreny Parmenter.

Robert B. Tierney

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PLEASE NOTE: PERFORATED DRAWINGS AND A COPY OF THIS PERMIT HAVE BEEN SENT TO: Pilar Velez, c/o JMV Assoc.

cc: C. Kane Levy, Deputy Director of Preservation

PAGE 2 Issued: 08/16/05 DOCKET #: 61169



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	Appar	Be Typew	itten
	04	NN YON NY	5.17.05



Revised 8-03 PW-1 Page 1

1 Filing Status Selectone and complete sections 1		00.11.05					
☐ Fuing Status Select one and complete sections 1 ✓ Initial Filing 2,3,4,5,6	Subsequent Filing 2,34,						
Job involves a development project.		5,7 4 ,8,9,16	JobNumber	Work Type Suffix			
Jobinvolves tract housing/cluster.	Additions		Chanded	/ OT			
Number of buildings			Changes				
Project Name	I am the original applicant a approvals.	applying for additional	Amendment				
Project I.D.		to his decomposite little for the	Reinstatement				
RESERVED	items specified herein.	it taking responsibility for the	Withdrawal				
FOR D.O.B.	J		·				
2 Location							
Borough MANHATTAN Block 112	22 Tata	37					
	e WEST 70TH STREET	51	BIN	C.B. No. 107			
Special Place Name BEIT RABBAN DAY SCHOOL			Apt/CondoNo(s).	<u> </u>			
Special account of Darry 141 Derio			Floor(s) 1ST & 2ND	<u> 3RD & Bas.</u>			
3Applicant The following	nd information nonnanta o	aban da ta tha ani dua 1 fili					
LastName CIARDULLO	ng information represents a						
	FirstName J	OHN	<u>MI J.</u>				
COM CIMEODO ROSOCIAIES,			Business Phone (212) 245-0010			
	Lift West Stell Steller, Stell HOOL GUV New YORK						
P.E. V R.A. Other		·	Lic. No. 10466				
A Filing Bonnogontoting							
4 Filing Representative Complete if different							
LastName JIMENEZ	FirstName I	RIS	<u>MI.</u>	, 			
Business Name J.M.V. ASSOCIATES, LLC			Business Phone (718) 631-0006			
Address 39-29 Bell Blvd., suite # 4	City Baysi	de	State NY	ZDP 11361			
5 Additional Considerations							
	<u> </u>		· · · · ·				
	Code Review Requested	InfillZoning	Quality Housing	Site Safety Job			
Legalization of work done after 1/1/89	Application is bein	gmade to comply with:	Local Law 5 of 1973	LocalLaw16 of 1984			
Chaile and the second							
	ndicated to the right of only one select						
New Building 8,9,10,15,16,Schedule A	Subdivision: 9	Special Status, Limitatic	nsorRestrictions				
Alteration 7	Improved Property	Restrictive Declaration:	Landmark	Single Room Occupancy			
Demolition 8,9,10D	UnimprovedProperty	Reel	BSA Calendar Number	N. Contraction			
Sign 7A,8,9,10A,12	Condominiums	Page No.	CPC Calendar Number				
Place of Assembly 11 Related Job Number:		Other:	Caper and some				
		1.43	an caller	N.			
7 Alterations Indicate type of alteration and complete		•					
Alteration - Type I (Change to Cof O) Complete 7.	A,8,9,10,15,ScheduleA	Select One:	New Cof O	Amended C of O			
Change to: X Occupancy/Use	Room Count/I	Dwelling Units Egre		PartialDemolition			
Enlargement: Horizontal	Vertical	all all a	<u></u>	AN AN			
Alteration - Twne TL Complete 74 and indicated a	0.000 (0.00 a)	and the last the	6				

lect One: A Co Equipment Installation Equipment Repair / Modification PL Plumbing 9,10D,PW-1B SP Sprinkler -9,10A,10B,10C,14,PW-1B FB FuelBurning -9, PW-1C EQ. Construct quip. - 13 MH Mech/HVAC -9,10A FS FuelStorage - 9, PV-1" FA FireAlarm **ે**9,14 Other 9, Describe below: BL Boiler - 9, PW-1C SD Standpipe -9,10.,108,170,14 FP FireSuppression ONSTRUCTION -9.14 Alteration - Type III Complete sections 7A,8 (EQ, CC, or CI work .ypes oil;), 9,10A,10B,10C,10D C Part A Job Description (Required for all alterations) Estimated Cost Total\$ 100,000 Work'''ype Costs (Alteration Pypellon)v): \$ 007000 6T \$ PROPOSED MINOR INTERIOR DEMOLITION/PART(A) INTERIOR WALL AND CHILING TILE R E NEW WITERIOR WALL CONSTRUCTION AND CEILING TILE REPLACEMENT FOR PROPOSED NEW CLASSROOM SPACES. MINOR ELEC WORK, NEW LIGHTING LAYOUT WITH REINSTALLATION OF EXISTING CEILING GRID. ALL AS PER PLANS FILED HEREWITH. PROPOSED CHANGE OF OCUPANCY LOAD. Proposed Additional F.oor Area () Alteration Jobs only: sų.ft. Buructural Stability will not be affected by this alteration 1

DOB FOIL-A 000067

										4		
8 Wo	ork T	ypes Sub	mitted Check	k only those i	terns s	ubmitt	ed by applicant at this time, if any.	9 F	lan	s Submitted		
PL.			~ PW-1B		1 -	SF			zo	Zoning	ME	Mechanica
мн	i Me	lech/HVAC	-			FA		×	AR	Architectural	 	Plumbing
BL	Bo	oiler	- PW-1C			EC	Construction Equip 13		ST	Structural	FO	Foundation
FB	Fu	uel Burning	- PW-1C			FP			NP	No Plans		
FS	Fu	uel Storage	- PW-1C			co	Curb Cut - 7A, Indicate total linear feet:	· _				
SD	St	tandpipe	- 14		×	01			UCT			
							The second second second second second second second second second second second second second second second se					
10 Bu Part A Zoning D		R-10A			Speci	al Dist	rict Name				Map N	umber 8C
Part A Zoning Di Part B	istrict(s)	R-10A Ipancy Class Name	ification		Specia	al Dist	rict Name	Fx	Pr	Class Name		umber 8C
Part A Zoning Di Part B	istrict(s) Occu	pancy Class	ification	· ·			Class Name	Ex	Pr	Class Name		
Part A Zoning Di Part B	istrict(s) Occu Class	ipancy Class Name					Class Name F-1b Assembly (Churches, Concert Halls)	Ex	Pr	J-2 Residential (Apartment He	
Part A Zoning Di Part B	Occu Class A	Ipancy Class Name High Hazard	erate Hazard)	· · · · ·			Class Name F-1b Assembly (Churches, Concert Halls)	Ex	Pr	J-2 Residential (J-2 Three Family	Apartment Ho	Duses)
Part A Zoning Di Part B	Occu Class A B-1	upancy Class Name High Hazard Storage (Mode	erate Hazard)				Class Name F-1b Assembly (Churches, Concert Halls) F-2 Assembly (Outdoors)	Ex	Pr	J-2 Residential (J-2 Three Family J-3 Residential (Apartment Ho / Dwelling 1 and 2 Fami	Duses)
Part A Zoning Di Part B	Occu Class A B-1 B-2	Ipancy Class Name High Hazard Storage (Mode Storage (Low H	erate Hazard) Hazard)				Class Name F-1b Assembly (Churches, Concert Halls) F-2 Assembly (Outdoors) F-3 Assembly (Museums)	Ex	Pr	J-2 Residential (J-2 Three Family J-3 Residential (K Miscellaneou	Apartment He y Dwelling 1 and 2 Fami us	buses) ly Houses)
Part A Zoning Di Part B	OCCU Class A B-1 B-2 C	Ipancy Class Name High Hazard Storage (Mode Storage (Low H Mercantile	erate Hazard) Hazard) derate Hazard)		Ex	Pr	Class Name F-1b Assembly (Churches, Concert Halls) F-2 Assembly (Outdoors) F-3 Assembly (Museums) F-4 Assembly (Restaurants)	Ex	Pr	J-2 Residential (J-2 Three Family J-3 Residential (K Miscellaneou Old Code - F	Apartment He / Dwelling 1 and 2 Fami us Public Building	buses) ly Houses)
Part A Zoning Di Part B	OCCU Class A B-1 B-2 C D-1	Ipancy Class Name High Hazard Storage (Mode Storage (Low H Mercantile Industrial (Mod	erate Hazard) Hazard) derate Hazard)		Ex	Pr	Class Name F-1b Assembly (Churches, Concert Halls) F-2 Assembly (Outdoors) F-3 Assembly (Museums) F-4 Assembly (Restaurants) G Education	Ex	Pr	J-2 Residential (J-2 Three Family J-3 Residential (K Miscellaneou Old Code - F Old Code - F	Apartment He y Dwelling 1 and 2 Fami us	Duses) ly Houses) gs ildings

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

5		<u> </u>					,	·
<u>ч</u>	artC	Construction Classification			_			
Ex	Pr	Non-Combustible	Ex	Pr	Combustible	Ex	Pr	Old Code
		I-A 4 Hour Protected			II-A Heavy Timber		1-	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

14

Number of Stories 3	Ex	Pr	Fire Protection Equipme	ent		Voluntary	Required
Street Frontage Dimension (Demolitions only)		1	Standpipe				
Height 40'-0"	1		Sprinkler	;			
Number of Dwelling Units NA		<u> </u>	Fire Alarm System				
A 400						_ <u> </u>	L
Part E							
Site Area Characterístics	0	pen	Spaces				_
Tidal/Fresh Waler Wetlands		Lo	ading Berths	sq. ft.	Piaza		sq. ft.
Tidal/Fresh Water Wetlands Fresh Water Wetlands Urban Renewal FreeDarch		Pa	arking	sq. ft.	Arcade		sq. ft.
Total Gross Floor Area of Building sq. ft.	. Ni	umber	of: Parking Spaces	I	Loading Berth		

11 Place of Assembly teersons Proposed Numb ALL S Old PA Number Lessee of for Annual Permit Renewal Complete if different from building owner. Last Name First Name Business Name M.I. Title Business Name Business Phone () 1.154 REAL STREET, S LOUD Address 44.6 City City 18 State ZIP 1.12. Co 86 الاسما الاسالا 12 Signs Select One: Illuminated Non-Illuminated Type of Sign: ENT OF FWall Ground Roof Roof Sign is tight, closed or solid

Height above root level	Weight	. Ibe.		
ft. in	. Joral Shuare Footage n'S	ilớn		sa. ft.
Lessee or Individual Responsible for Annual Permit Renewa	Complete if different from building owner.			
Last Name	First Name		Title	
Business Name		Jusiness Phone	e ()	
Address			ZIP	

Revised 8-03 PW-1 Page 2

Statements and Signatures	
Applicant's Statements All applicants must complete and sign below	Owner's Statements
 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, 	Voner's Statements 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
except as set forth in the accompanying documents.	The building to be altered, or the site of the new building, or the dwelling to be demolished or removed.
Tract Housing Statement Complete if applicable and sign below	as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.
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.	Yes X No The owner hast notified DHCR of his intention to [file such plans/apply for such permit] and has
Applicant	Complied with all requirements imposed by the regulations of such agency as preconditions for such [filling/application].
Lacknowledge that I have read and complied with all instructions pertaining to this application and	
	Yes X No Date DHCR notified:
	Fee Exemption Request Statement
Signature 08.17.05	Fee Exemption Request Statement
Seal (P.E. or R.A.)	proposed work involves a building or property used exclusively for the purposes indicated in such section.
	Owner
	Type of Ownership X Non-Profit
JED AN	Individual Corporation R Partnership X Government
SEHED ARCH	Last Name First Name M.t. SJNGER ALAN
CH GEPH CHAPDU	Title EXECUTIVE DIRECTOR
	Business Name/Agency CONGREGATION SHEARITH ISRAEL
	Address 8 West 70th Street
	City New York
on the state	State NY ZIP 10023 Phone (212) 873-0300
71 010466 10	Name of Signator ALAN SINGER
SOF NEW HITTO	Relationship to Building Owner EXECUTIVE DIRECTOR
3.00	Signature 0 4
d Per OPPN HIVE	If Corporation, name of second officer
Approved Per OPPN #1/04 Approved Per OPPN #1/04 Falsification Falsification of the section 26-124 of the Administrative Code and is punishable by a fine of proceeding of both.	Last Name First Name M.I.
Falsification of any statement is a mission and the advection 26-124 of the Administrative Code	Title
Falsification of the Administrative Code and is punishable by a fine or impresement, or both.	Address
It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or	City
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.	State ZIP Phone ()

100

Internal Use	
Application Complete for Filing and Fee Estimation	Approvals
Amount Due \$118.50+ \$15.00 Fle Execu	Approvals Examined and Recommended for Approval Approved for Foundation Earthwork Only
Cost Estimate (If different from applicant)	Approved for Foundation Earthwork Only
Pre-Filer Name IB 08/22/05	Examiner Man Discourse Control 191104
T.G. 08/19/05	Examiner Stepature
Initial Amount Paid	Limitation(s): (To appear on permit)
Verified ByDate	
Balance Paid	
Verified By Date OFFICATION	
Stamps and Certifications:	Other Anprovals
	Examiner Name
Stamp Number 5 of 10	Erraminer Signature Date
THE OTHER DESCRIPTION OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE	Approved
	Dorough Superintendent Signature Date

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1 10 Construction Francis									
13 Construction Equip	oment								
Sidewalk Shed	Scaffold		Chute		Fence		Other:		
Material of Construction		BSA/MEAA	pproval Numb	ber	· ·	Si	dewalk Shed/Linear Feet		
									<u>·</u>
14 Fire Protection Equ	uipment								
SP Sprinkler	Autor	matic		Non-Automatic		Entire		Partial	
FA Fire Alarm System	Autor	matic		Non-Automatic		Entire		Partial	
SD Standpipe				1		Entire		Partial	
	Autor	natic		Non-Automatic		Entire		Partial	
				· · · · · · · · · · · · · · · · · · ·				1 2112	·
15 Plot Diagram of Zor	ning Lot					_			
Plot Diagram must show the correct s	street lines from	n the City Plan; the	plot to be bu	ilt upon in relation	to the street line	s and the portion of	of the lot to be occupied by	the building: the lea	al grades and
the existing grades, properly identifier lots.	d, of streets at	nearest point from	the proposed	d buildings in each	direction; the He	ouse Numbers and	the Block and Lot Number	s. Indicate dimension	s of total tax
Street Status									
Private		Y Public			gal Width 6				
			26 3	101-10		0			
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						Alta da ser esta de la companya de l	n an an tair. T		1
Description of Land and Prem	nises								
The Zoning Lot on which the premises is	s located is bour	dedasfollows:					<u></u>		
BEGINNING at a point on the			si	deof Most	70th St	root		<u> </u>	
	SO	a proper					distant	400	
W of the corner formed by the		UTH West		'tract	<u>10 ui bi</u>		distant	108	feet
W of the corner formed by the	intersection of	West	70th s	street		and Centu	al Park Wes		
W of the corner formed by the running thence Sout	intersection of	West 100.4	2fe	street		and Centra W.	cal Park Wes 64.00		feet;
W of the corner formed by the	intersection of	West	2fe	et; thence		and Centu	al Park Wes		feet; feet;
W of the corner formed by the running thence South thence North	intersection of	West 100.4	2 fe 2 fe fe	et; thence		and Centra W.	cal Park Wes 64.00		feet;
W of the corner formed by the running thence Sout1 thence Nort1 thence thence	intersection of	West 100.4	2 fe 2 fe fe	et; thence		and Centra W.	cal Park Wes 64.00		feet; feet;
W of the corner formed by the running thence South thence North thence	intersection of	West 100.4	2 fe 2 fe fe	et; thence		and Centra W.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
w of the corner formed by the running thence South thence North thence to the point of beginning.	intersection of	West 100.4	2 fe 2 fe fe	street et; thence et; thence et; thence et; thence		and Centra W.	cal Park Wes 64.00		feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4	2 fe 2 fe fe	et; thence		and Centra W.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
w of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4	2 fe 2 fe fe	street et; thence et; thence et; thence et; thence		and Centra W.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
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W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4	2 fe 2 fe fe	street et; thence et; thence et; thence et; thence		and Centra W.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4	2 fe 2 fe fe	street et; thence et; thence et; thence et; thence		and Centra W.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4	2 fe 2 fe fe	street et; thence et; thence et; thence et; thence		and Central N. E.	cal Park Wes 64.00 64.00	t	feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		street et; thence et; thence et; thence et; thence	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		street et; thence et; thence et; thence et; thence	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		street et; thence et; thence et; thence et; thence	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;
W of the corner formed by the running thence South thence North thence to the point of beginning.	h	West 100.4 100.4		Street	MAL		cal Park Wes 64.00 64.00	t	feet; feet; feet; feet;

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	Existing L	egal Use						Proposed	Use					
Fioor	Maximum Number of Persons	Uve Load (psf)	Code Habitable Rooms	Building Code Occupancy Group	Dwelling/ Rooming Units	Zoning Use Group(s)	Description	Maximum Number of Persons	Live Load (psf)	Code Habitable Rooms	Building Code Occupancy Group	Owelling/ Rooming Units	'Zoning Use Group(s)	Description
BAS.	150	OG-					AUDITORIUM AND KITCHEN	160	100	<u> </u>	F-3		3A	AUDITORIUM
ļ							• •	2	100		D∺2		3A	KITCHEN
								. 3	60		E		3A	RECEPTION
									100		D-2	-	3B	TELECOM ROOM
FIPST	40	75					OFFICES AND CLASSROOMS	51	60	<u> </u>	G		3A	CLASSROOMS
				· · · · ·		<u> </u>		1	60		E		3A	OFFICE
	<u>ا</u>						· · · · · · · · · · · · · · · · · · ·			 				
SECOND	10	75					OFFICES AND CLASSROOMS	68	60	+	G		3A	CLASSROOMS
011,70110	·							1	60	+	Е		3A	OFFICE
				÷ .:										
			-							<u> </u>				
THIRD	<i>4</i>	7.5					OFFICE, BOOK STORAGE	31	60	· · · · · · · · · · · · · · · · · · ·	G		3A	CLASSROOM
		. Ve	175				AND ONE (1) JANITOR'S	1	60	ļ	E		3A	OFFICE
			2.74			······································	APARTMENT	3	60	ļ	J-3		2A	APARTMENT
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													and distances from	Statement &
Stateme	ents and S	Signature	s											
	of any state by a fine or in			or under Sec	ction 26-1	24 of the Ad	iministrative Code and is Linerel	by state that	all of the abo	ve inform	ation is compl	lete and c	orrect to the	best of my knowledge.

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.

tate that all	of the al		mplete and correct to the best of	of my knowledge.
Manne		JOHN CIA	POWLO	
	etta	tentett	Date 08. 17.05	
				Revised 4-89 PW-1

Applicant

Signatur

Sheet 1

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of 1

sheets

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DOB FOIL-A 000072

and an and a second





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Professional and Owner Certification

DOB FOIL-A 000073

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. Prof 08.17.05 Professio rofessional'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." 9RC Owner's Signature & Date 3. Applicant's Contact Information Fax Number Email Addresses Applicant dodokogbe@jca-architecture.com weed per ptante 1 340300 mbendit@att.net Owner WEARA 3) 331-780 pilarvelez@jmvassociatesllc.com Filing Repre 247 POC-1, dated 1/16/04

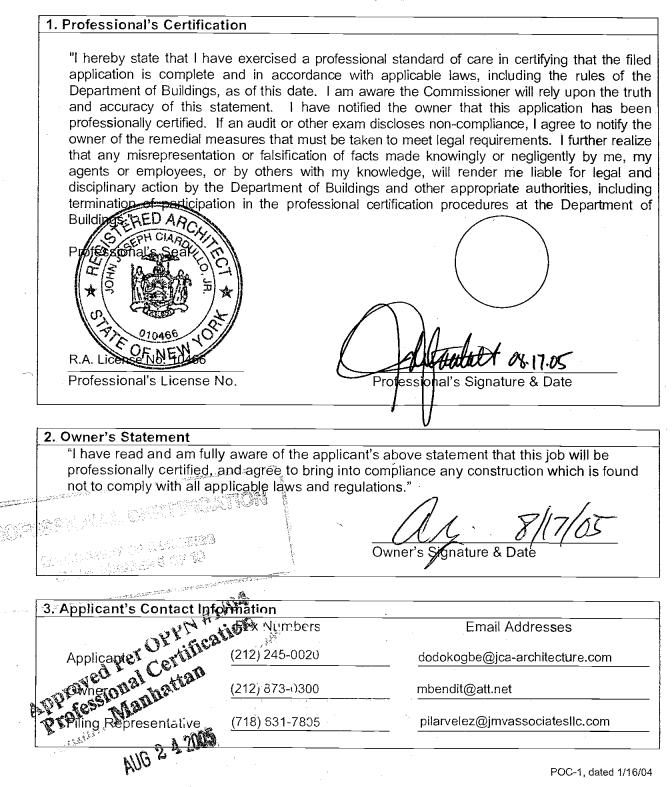






Professional and Owner Certification

Please file three (3) originals



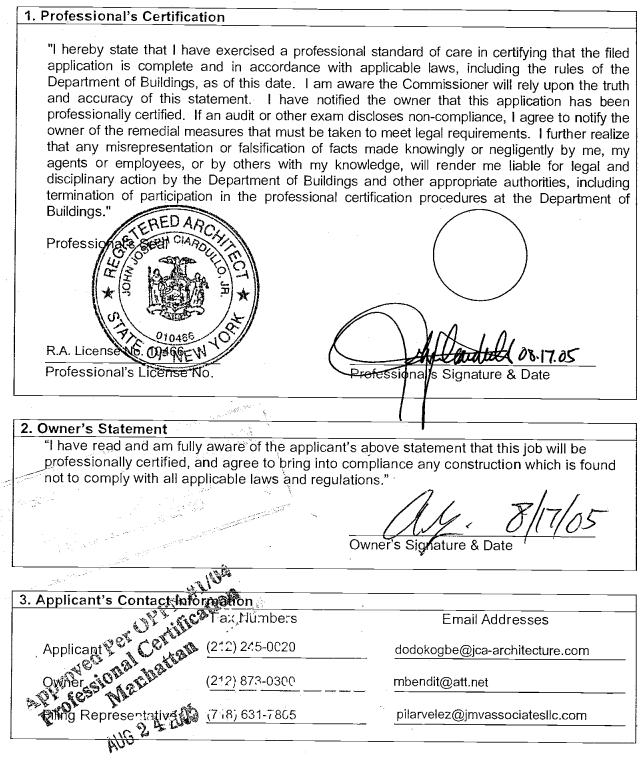




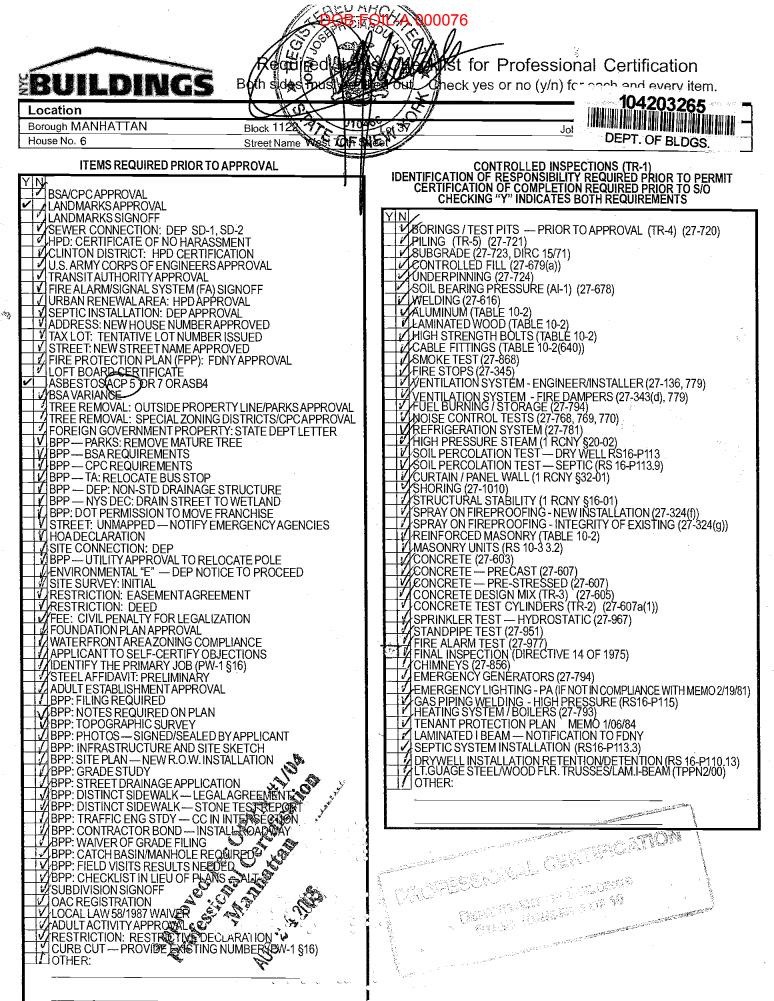


Professional and Owner Certification

Please file three (3) originals



POC-1, dated 1/16/04



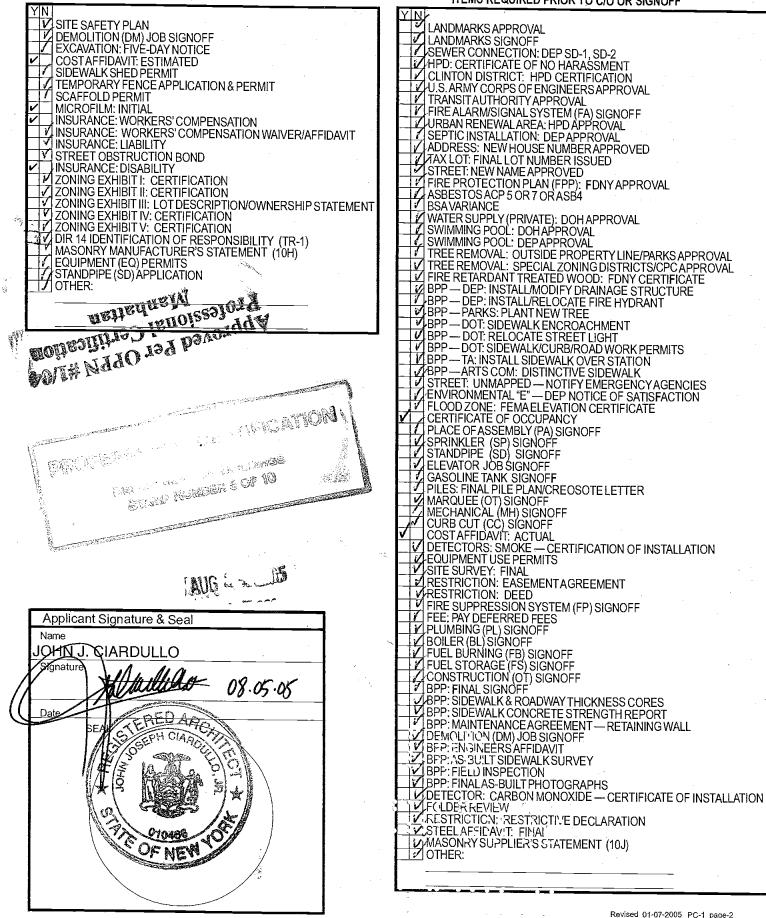
6

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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 C/O OR SIGNOFF



				DOB FOIL-A 000078	-($-$				
۱		NY DEPARTMENT		MENT OF ENVIRONMENTAL F Asbestos Control Program tion Boulevard, 8 th Floor, Corona, NY 1			EPT. OF	BLDGS.	
	ONL TYPEWRITT FORMS WILL	L (www.nyc.gov/dep)	NOT	AN ASBESTOS PRO	JECT	ACF	9 5 Fee \$		
	BE ACCEPT	When submitting	this form at	the NYC Department of Buildings, the	e original form and	1 three (3)	copies w	ith original	
	2. Facility A			Submittal at the NYCDEP requires one					
	АКА	Private School	Offices		3. Block	1122	410	, 37	— <u>–</u>
	5. Building (Dwner Congregation Sh	nearith Isr	ael	Tel #	888-44	47-159	^ 1	
	6. Address_	8 West 70 th Stree	t		State	N	Y Zip	10022	
	7. Contact P	Person Michael							
20		on of the Entire Scope of Work	<						
			Interior	Renovation on floors 1 ar	nd 2				
	10. Est. Star	t Date 🕅	As soon as p	permit approved Est. Completion	Date	of t	he Entire	Scope of V	Vork.
	11. I,		, have cor	iducted an asbestos investigation c	n 7/25/05	in acc	ordance v	with	
	Section	s 1-16 and 1-27 of the NYC D	EP Asbestos	Control Program Rules and declar	Date	lity oddro	· · · · ·		
	La. pren	nise to be demolished is free (of any asbest	os containing material (ACM).		nty addres	ss, ine		
	Lb. pren	nise to be demolished contain	s 10 square t	feet or less or 25 linear feet or less	of ACM.				
		ulative surfaces of structure(s) affected by	the work are free of ACM.					
	e. norn	nally non-friable ACM shall be	disturbed/rei	the work contain 10 square feet or moved. Specify amount:	less or 25 linear	feet or les +	s of ACM		
	🗶 f. ACM	I will not be disturbed during	the scope o	f work. Specify amount of ACM pr	resent: 2,535	square f	eet	linea	ır feet
				removed in accordance with the					7
7	12. RESUL	TS OF BUILDING SURVEY A		ASSESSMENT:		<u> </u>			I
	FLOOR (including	DESCRIBE SECTION OF FLOOR	ON	ALL MATERIALS ASSUMED TO CONTAIN ACM		ASBES			
	cellar and basement)	(e.g. entire, east wing, room #, boiler roo	om, lobby, etc.)	AND/OR SAMPLED	SAMPLES ANALYZED	PRES YES	NO	ASSUMEI ACM	2
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Pf	OFES	NONAL CARE		12" beige floor tiles	2	х	X -		_
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		vision certification declare the information pro	95200 (n is true and complete. 08/12/05 (201) 794-6900 Daytime Reprore Number		61			ا ها
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	Any modifica			his form must be reported immediately peace Control Program Rules may not	in OF THE	131			13
	lawfully avoid	y to the NYCDEP. The requirem led or lessened through the perfor	ents of the Ast mance of work	pestos Centrol Program Rules may not Th incremental or piecemeal fashion.	be NYC DEP	CERTIFIED	RTN	952	5/
	* In-plant operation	ns, as defined in §56-3.1 of ICR56, are not pa	ermitted in New Yor	< City.	ASBESTOS		SBEST	1952 DA	/
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2 Location Borough MANHATTAN Bloc	` ⊪ 1122	Lot(s) 3						
	et Name WEST 70T			BIN				
3 Applicant/Contractor	-	First Name JO			"Е. т		<u>, 2002</u>	000
Business Name DRILL CONSTRUCTION ((973) 736-9350			ax-payer ID: 22 jondrill@c		
Address 80 MAIN STREET	<u>., inc.</u>	City WEST			-Mail Address tate NJ	ZIP 070	-	rucuon.c
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4 Filing Representative complete	if different from applicant (isted in section 3.						_
Last Name VELEZ		First Name PIL	.AR		iJ.	Registrat		
Business Name J.M.V. ASSOCIATES, LLC.			<u>, (718</u>) 631-0006			pilarvelez@		ciatesllc.
Address 38-35 BELL BOULEVARD, S	SUITE 350	city BAYS	IDE	S	tate NY	_{ZIP} 113	361	
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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) Document Number: MANDATORY

9a Superinter	ndent of	Constru	ction Ple	ease co m pl	ete if superintende	nt of construction is di	fferent than	the applicant in se	ction 3
Last Name					First Name		M.I.		
Business Name					Business Phone ()	E-Mail A	ddress	
Address					City		State	ZIP	
Check one: 🔲 P.E.	🔲 R.A.	🗋 MP	🔲 FSC	🗋 ОВІ	🔲 Sign Hanger	General Contractor	🔲 HIC	Demo Contractor	🔲 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.

	Name (please print) JONATHAN E. DRILL Signature for attrace E-Data	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of OLLAS Sworn to or affirmed under penalty of perjury 1 9 day of Allan P 2005 Notary Signature Notary Seal JACQUELINE VELEZ Notary Public, State of New York No. 4882863 Qualified in Queens County Commission Expires January 12, 2001
Seat (if applicable)	The applicant's signing and notarization	n must take place on the same date

10 Site Safety Manager Please complete if building is 15	5 stories or	more, tall <u>er tha</u> i	n 200ft, or has a lot co	verage of m	ore than 100K square ft.
Last Name	First Name		M.I.		
Business Name	Business Pho	ne ()	E-Mail	Address	
Address	City		State	Z	IP
Certificate No.:					
10a Contractor's Statement for Site Safety Plan					
I have advised the individual named above that they have been designated Safety Manager. I hereby state that the individual designated to be Site Safety Manager is an of the Contractor and possesses a valid Site Safety Manager Certificate. The designated by me shall function as Site Safety Manager for all construction we required permit renewals as long as such renewals certify no change to the	employee eindividual orkandany Site Safety	I agree to waive t any criminal prov above, to comply for Site Safety M	ceeding based upon the fa with their duties as set for	e that he is not ailure of the Sit th in the Depar	I Site Safety Manager. the proper party-defendant in the Safety Manager referenced tment of Buildings regulations
Manager to be performed at the location referenced on page one, block tw application which is covered by the Department of Buildings regulations for		Contractor Name			1
Programs.	one darcty	Title			
I agree to either substitute myself as a defendant in the place of the Site Safe in any proceedings brought against the Site Safety Manager or agree proceeding commenced against it as a condition for the Corporation Counse	to have a	Signature			Date
10b Site Safety Manager Statement	· 、				
I, as Site Safety Manager, will perform, on behalf of the Contractor, all of th	e functions	Name	· ,		
required of a Site Safety Manager as set forth in the Department of Building		Title			
regulations. I acknowledge, certify, and accept all of the above.		Signature			Date
Notarization for Site Safety Manager		Notary Signature	:	Notary S	Seal
State of New York, County of					
Sworn to or affirmed under penalty of perjury day of	20				
		· · ·		Revis	ed 04-13-2005 PW-2 Page 2 of 2

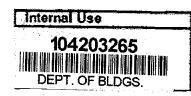


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DOB FOIL-A 000084

Cost Affidavit

Please File 1 Copy Atticavit Must Be Typewritten



1 Filing Status			
Filed By:		Contractor	Owner
For Issuance Of:	V	Work Permit	Cart of Occupancy

Borough MANHATTAN	Biock 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 Pho	
Address	City	State	ZIP

ast Name DRILL	First Name JONATHAN	M.L.E.	THE PRESIDENT
Business Name DRILL CONSTRUCTION CO,. INC.		Business Pho	me (973) 736-9350
Address 80 MAIN STREET	City WEST ORANGE	State NJ	ZIP 07052

DOB FOIL-A 000084

5	Cost		mation		1 10			
	Estima	ted	Actual	Cost:		-		

6 Statements and Sign	natures
	a misdemeanor under Section 28-124 of the ole by a fine or imprisonment, arboth.
monetaryor otherwise, sitherase gr	yee, or for a city employee to accept, any benefit, atulty for properly performing the job or in exchange is punishable by imprisonment or fine or both.
Owner Statement	
in the aforementioned job, and	me by contractors who bid for the work described supon my bestjudgementand estimate, the cost of prementioned job will be the cost stated above.
The final cost of the wor the cost stated above.	rk described in this aforementioned job was
Name	
Signature	Data
Contractor Statement	
To my best knowledge, experienc described in the storementioned j	is and judgement, the cost of the proposed work ob will be the cost stated above.
Name JONATHAN E. DRILL	
Signature ALON	Date,

7 Notarization		
State of New York, County of Will	us a	
Sworn to before me this 9	day of HUMBILDT.	2005
Signature Happel	we Wat	· · · · · · · ·
Seal		
JACQUELII Notary Public, St No. 48 Qualified in Q Commission Expire	ALE OF INEW IOT	

PW-3 (Rev. 6/03)