



**Plan/Work Approval Application**

Application Must Be Typewritten

<b>Internal Use</b>
Job Number
104222681
(Affix Label)

<b>1 Filing Status</b> Select one and complete sections indicated			
<b>Initial Filing</b>	<b>Subsequent Filing</b>	Job Number	Work Type/Rate / OT
<input type="checkbox"/> Job involves a development project. <input type="checkbox"/> Job involves tract housing/cluster.	<b>Additions</b> <input type="checkbox"/> I am the original applicant applying for additional approval. <input type="checkbox"/> I am a subsequent applicant taking responsibility for the items specified herein.	<input checked="" type="checkbox"/> <b>Changes</b> <input checked="" type="checkbox"/> Amendment Resubmission Withdrawal	
Number of buildings			
Project Name	Roof Access / Project # 4004 / A		
Project I.D.			

<b>2 Location</b>			
Borough	Block	Lot(s)	DOB
Manhattan	1120	38	1079270
House No(s)	Street Name		C.S. No. 107
12-14	West 68th Street		
Special Place Name		Floor(s)	4th & Pen

<b>3 Applicant</b> The following information represents a change to the original filing			
Last Name	First Name	MI	E
Tour	Lester		
Business Name		Business Phone ( 212 )	226-1187
Lester Evan Tour Architect, PLLC			
Address	City	State	ZIP
65 Broadway	New York	NY	10006
PK <input checked="" type="checkbox"/> RA <input type="checkbox"/> Other <input type="checkbox"/>		Lic. No.	017196

<b>4 Filing Representative</b> Complete if different from applicant			
Last Name	First Name	MI	
Noriega	Brian		
Business Name		Business Phone ( 212 )	643-4545
Mirose Consultants, Inc.			
Address	City	State	ZIP
498 Seventh Avenue	New York	NY	10018

<b>5 Additional Conditions</b>			
Directive 14 Acceptance Requested	Old Code Review Requested	Safe Sound	Quality Housing
Legislation of work date after 1/1/89	Application is being made to comply with:	Local Law 8 of 1978	Local Law 16 of 1984

<b>6 Classification</b> Complete sections and schedules indicated to the right of only one selected job type			
New Building	Alteration	Demolition	Sign
8, 9, 10, 18, 19, Schedule A	7	8, 9, 10B	7A, 8, 10A, 18
Subdivision	Improved Property	Disapproved Property	Condominiums
9			
Special Status, Limitations or Restrictions	Restrictive Declaration	Landmark	Single Room Occupancy
	Resi	NBA Calendar Number	CP# Calendar Number
Place of Assembly	11	Related Job Number	

<b>7 Alterations</b> Indicate type of alteration and complete appropriate sections and schedules			
<b>Alteration - Type I</b> Change to C of O Complete 7A, 8, 9, 10, 18, Schedule A			
Change to:	Occupancy / Use	Room Count / Dwelling Units	Other
Submittals:	Horizontal	Vertical	
<b>Alteration - Type II</b> Comp see 7A and indicated sections and schedules			
1E Plumbing - 8, 10B, PW-1B 2E Mech HVAC - 8, 10B 3E Riser - 8, PW-1C	1F Fuel Burning - 8, PW-1C 2F Fuel Storage - 2, PW-1C 3F Standpipe - 8, 10A, 10B, 10C, 14	4F Sprinkler - 8, 10A, 10B, 10C, 14, PW-1B 5F Fire Alarm - 8, 14 6F Fire Suppression - 8, 14	Equipment Installation Equipment Repair / Modification 7E Construction Equip - 1B <input checked="" type="checkbox"/> 8E Other - 8, Describe below
<b>Alteration - Type III</b> Complete sections 7A, 8 (10B, 10C, or 14) work type only, 8, 10A, 10B, 10C, 14B			
<b>Part A Job Description</b> (Required for all alterations)			
Estimated Cost Total \$	Work Type Costs (Alteration Type Only)	OT	\$
See Section 16.			
Alteration Job only:	Proposed Additional Floor Area	Structural Stability will not be affected by this alteration.	

8 Work Types Submitted				9 Plans Submitted							
PL	Plumbing	-	PW-1B	SP	Sprinkler	-	14, PW-1B	ZD	Zoning	SE	Seepage
MH	Mech/MVAC	-		FA	Fire Alarm	-	14	AR	Architecture	PL	Plumbing
BL	Boiler	-	PW-1C	SD	Construction Equip	-	13	ST	Structural	FD	Foundations
FB	Fuel Burning	-	PW-1C	FP	Fire Suppression	-	14	GP	Gas Piping		
FS	Fuel Storage	-	PW-1C	CC	Curb Cut	-	7A, Indicate total linear feet				
SD	Standpipe	-	14	OT	Other	-	Description				

**10 Building Characteristics**

**Part A**

Zoning District: **R1Q** Special District Name: \_\_\_\_\_ Map Number: **BC**

**Part B Occupancy Classification**

Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential 1 and 2 Family Houses
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)			G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)			✓	Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)				Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				

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

**Part C Construction Classification**

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

**Part D**

Number of Stories	Ex	Pr	Fire Protection Equipment	Voluntary	Required
4			Standpipe		
Street Frontage Dimension (Demolitions only) 0			Sprinkler		
Height 45			Fire Alarm System		
Number of Dwelling Units 0					

**Part E Site Area Characteristics**

Total/Fresh Water Wetlands	Flood Plains	sq ft	Plaza	sq ft
	Urban Renewal ✓		Fire District	sq ft
				sq ft
Total Gross Floor Area of Building		sq ft	Number	Loading Berths

**11 Place of Assembly**

Proposed Number of Persons: \_\_\_\_\_ Old PA Number: \_\_\_\_\_

Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**12 Signs**

Select One:  Illuminated  Non-Illuminated

Type of Sign: \_\_\_\_\_

Height above roof level: \_\_\_\_\_ ft \_\_\_\_\_ in \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Projection Beyond the Building Line: \_\_\_\_\_ ft \_\_\_\_\_ in \_\_\_\_\_ # Total Signs: \_\_\_\_\_ sq ft

Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**13 Construction Equipment**

Sidewalk Shed	Scaffold	Chute	Fence	Other:
Material of Construction		BSAMEA Approval Number	Sidewalk Shed Linear Feet	

**14 Fire Protection Equipment**

SP Sprinkler	Automatic	Non-Automatic	Entire	Partial
FA Fire Alarm System	Automatic	Non-Automatic	Entire	Partial
SB Staircase	Automatic	Non-Automatic	Entire	Partial

**15 Plot Diagram of Zoning Lot**

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

**Street Status**

Private	Public	Legal Width
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**Description of Land and Premises**

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

BECKHAMS at sponsor, the	side of	corner	feet
of the corner formed by the intersection of			
running thence	feet, thence		feet
thence	feet, thence		feet
thence	feet, thence		feet
thence	feet, thence		feet
to the point of beginning.			

**16 Comments**

For New Buildings - Use a Number of Stories proposed

Filing herewith to show revised as built drawings A-100,A-200,A-201,A-300, A-301,A-302,A-400,A-401,A-500,D-100.

Applicant Fax: 212 226-0046      Applicant Email: lester@letourarch.com

Filing Rep Fax: 212 643-4859      Filing Rep Email: BNonoga@Milrose.com

Owner Fax:      Owner Email:

**Statements and Signatures**

**Applicant's Statements** All applicants must complete and sign below

I prepared or supervised the preparation of the plans and specifications (as well as details) and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations.

except as set forth in the accompanying documents.

**Owner's Statements**

I have authorized the applicant to file this application for the work specified herein and all future amendments.

**Tract Housing Statement** Complete if applicable and sign below

Reference Job Number \_\_\_\_\_

**Owner's Certification Regarding Occupied Housing Accommodations**

The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to control under Chapter 3 of Title 26 of the Administrative Code.

Yes  No

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.

The owner has notified DNCR of his intention to file such application for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such filing (if applicable).

Yes  No  Date DNCR notified \_\_\_\_\_

**Applicant:**

I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

**Fee Exemption Request Statement**

In accordance with 26-216 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 each section:

Name **Mr. Lester E. Tour** Date \_\_\_\_\_

**Owner**

Type of Ownership: Individual  Corporation  Partnership  Non-Profit  Government

Signature \_\_\_\_\_ Date **19 June 06**

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



**SIGN & SEAL**

**Owner**

Type of Ownership: Individual  Corporation  Partnership  Non-Profit  Government

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M I \_\_\_\_\_

Title \_\_\_\_\_

Business Name/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Signator \_\_\_\_\_

Relationship to Building Owner \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.

It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

**If Corporation, name of second officer**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M I \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**AMENDED PLANS**

**Internal Use**

**Application Complete for Filing and Fee Estimation**

Amount Due \_\_\_\_\_

Cost Estimate (if different from applicant) \_\_\_\_\_

Pre-Filer Name \_\_\_\_\_ Date \_\_\_\_\_

Initial Amount Paid \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Balance Paid \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Stamps and Certifications \_\_\_\_\_

**Approvals**

Examined and Recommended for Approval

Approved for \_\_\_\_\_ (Professional Seal Only)

Examiner Name \_\_\_\_\_

Examiner Signature \_\_\_\_\_

Limitation(s) \_\_\_\_\_

NO

ORIGINAL APPROVED EXAMINER

Other Approvals

Examiner Name \_\_\_\_\_

Examiner Signature \_\_\_\_\_

Approved \_\_\_\_\_

Borough Superintendent \_\_\_\_\_

SEE 100 7006

EXAMINED FOR ZONING EGRESS AND FIRE

PER CH. NO. 2 OF 1975

**JOHN O'GRADY**