



COURSE 104

Filing Representative Training
for

Class 1 Filing Representatives and Class 2 Code and Zoning
Representatives

Includes:

- Asbestos forms and Compliance
- Sanitary and Storm Connection: Filing Procedures
 - Coordination with DEP – SCR (AD-1 and 2-Forms)
- Licensing
- DOB Violations – with and Without Civil Penalties
- Padlock Enforcement
- Unsafe Buildings Unit (Surveys, Forms, Procedures)
- Emergency Declarations
- Records and Records Room Operation



Asbestos Forms and Compliance

Bharat Gami, R.A.
Director, NYC HUB *Self Service*

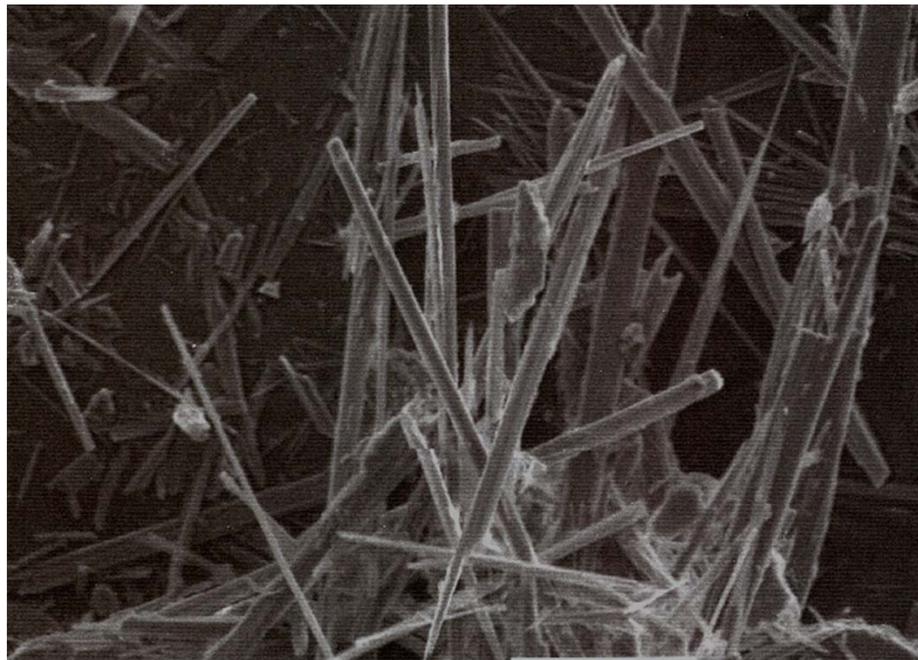
February 9, 2015

Contents

- What is ACM – Asbestos Containing Materials?
- Key Terms and Common Asbestos Products
- A-TRU Legislation
- Standard ACP Process
- A-TRU Permit Requirements
- Work Place Safety Plan
- Complex projects with multiple phases
- Review of Forms
- Asbestos Exemptions
- Example: Typical Green Roof Installation
- DEP Service Notices and Online Information

What is Asbestos Containing Materials (ACM)?

- ACM means asbestos or any material containing more than one percent asbestos

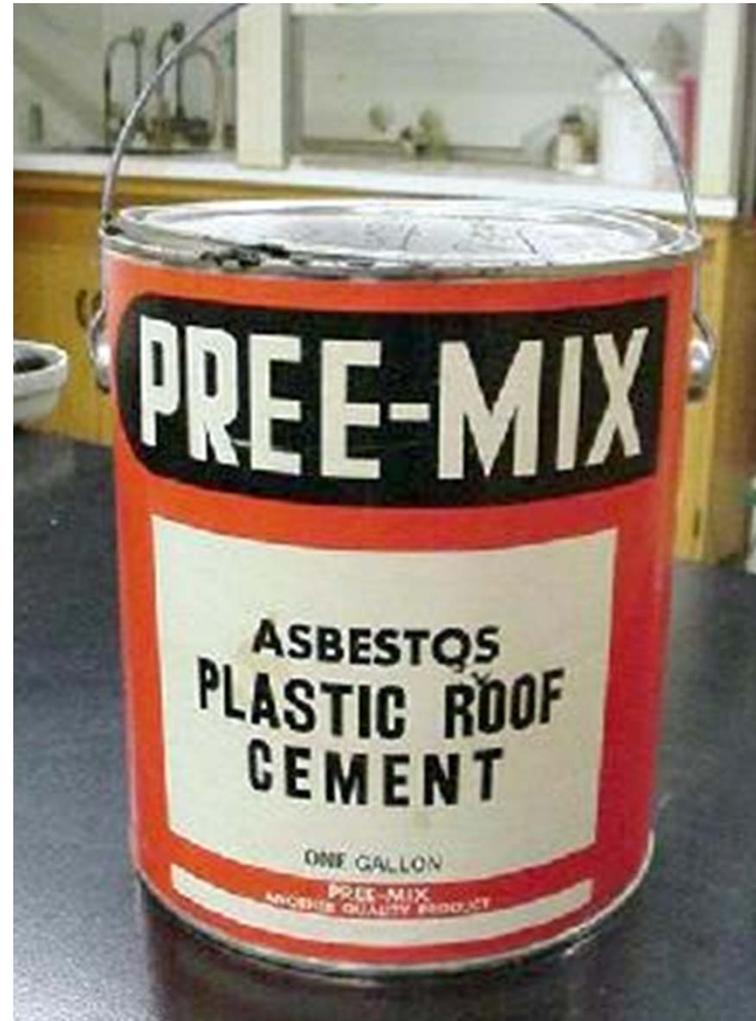


- **Asbestos.** Any hydrated mineral silicate separable into commercially usable fibers, including but not limited to chrysotile (serpentine), amosite (cumingtonite-grunerite) and others



- **Presumed ACM:** Thermal system insulation and surfacing materials constructed before 1980. PACM is considered ACM unless proven otherwise by sampling and analysis
- **Suspect Miscellaneous ACM:** Any suspect ACM that is not PACM. It includes floor tiles, ceiling tiles, mastics, sealants, roofing materials, cementitious materials etc.

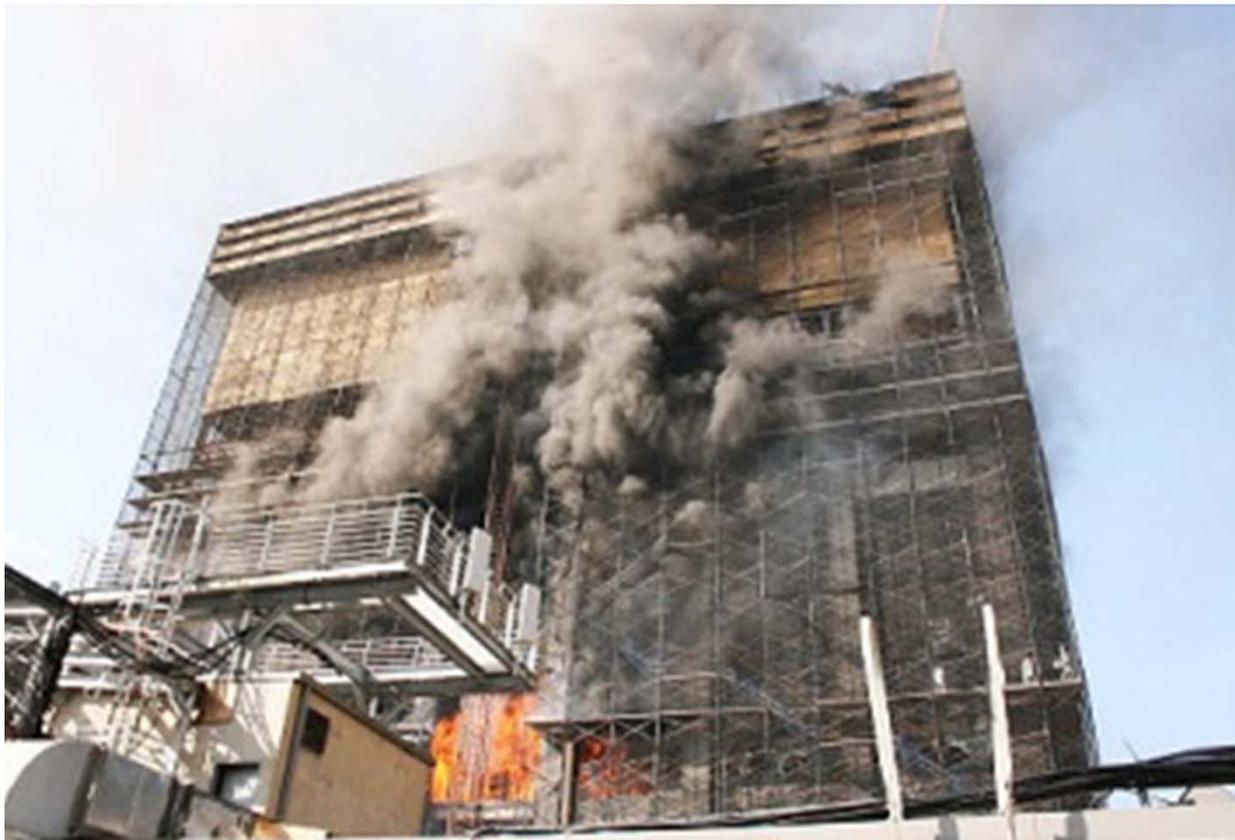
Common Asbestos Products





- **Disturb.** Any action taken which may alter, change, or stir, such as but not limited to the removal, encapsulation, enclosure or repair of ACM
- **Asbestos project.** Any work which will disturb more than 25 LF or more than 10 SF of ACM (ACP 7)
- **Minor project.** Any work which will disturb less than 25 LF or less than 10 SF of ACM (ACP 5)

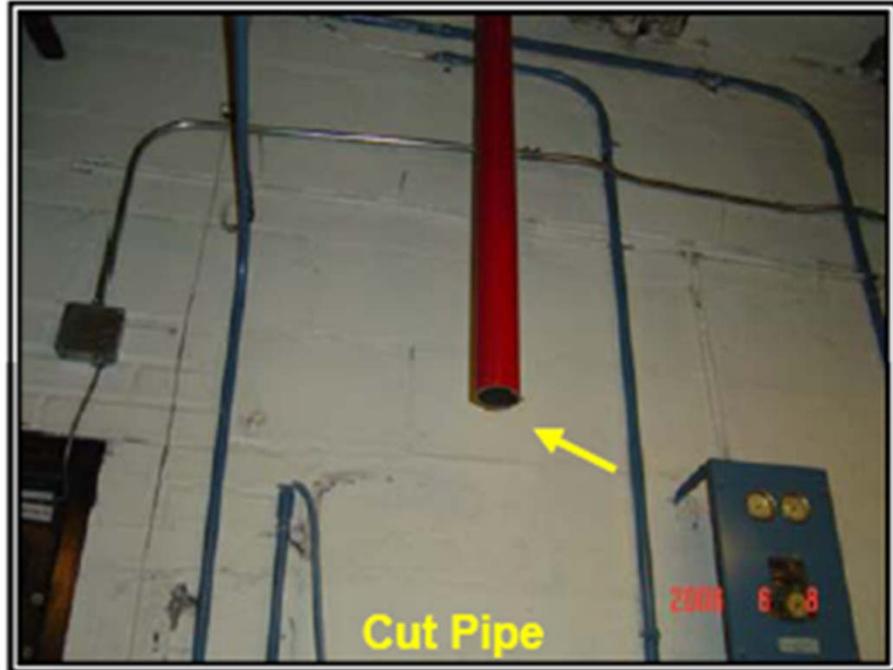
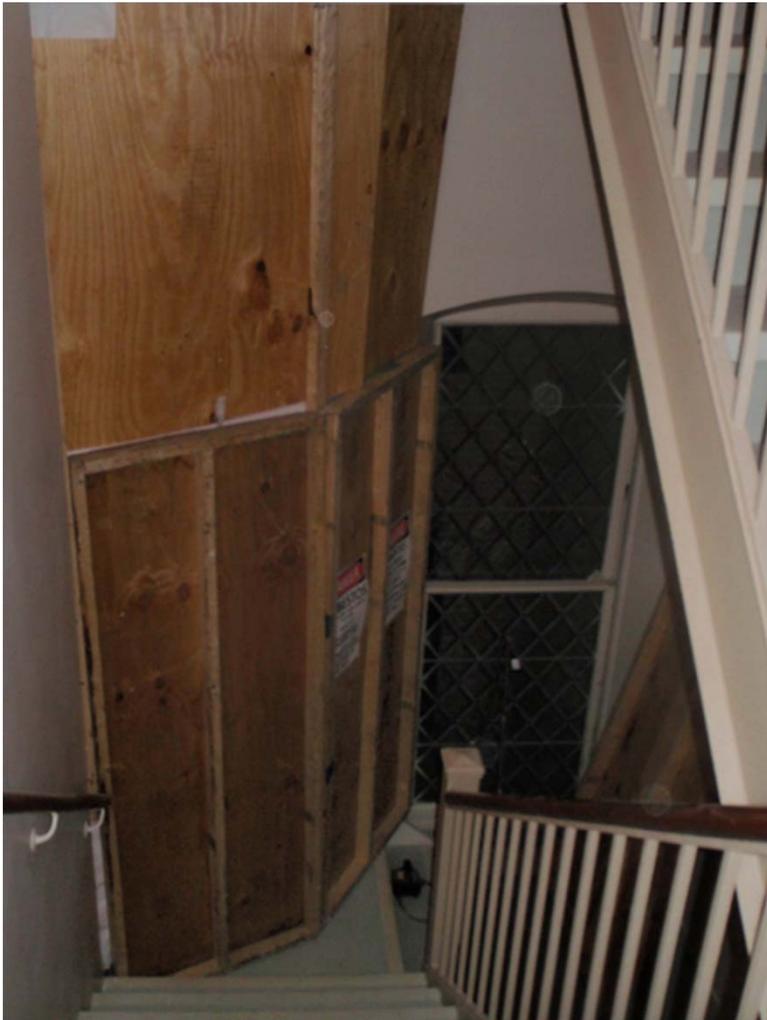
- Fire on 8/18/07 that killed 2 fire fighters at 130 Liberty St.



- Local law 37 of 2009
- 12 new laws enacted by the City (CDA) for construction, demolition and abatement safety

Primary focus

- Egress, fire protection and data sharing
- Oversight of construction, demolition and abatement projects



- If More Than 10 SF or 25 LF, File an ACP7 form at DEP
- Perform Asbestos Abatement per DEP Regulations and obtain a closeout certificate (ACP21)
- Submit an ACP21 to DOB and Obtain a DOB permit
- Submit an ACP5 form with item 8 (d) checked confirming that the entire building is free of asbestos containing material (ACM).

A-TRU Permit Requirements

- If the proposed abatement will compromise egress or fire protection requirements, an A-TRU permit is required.
- A-TRU unit is a joint DOB/DEP unit based at LeFrak City.

Work Place Safety Plan

- Work Place Safety Plan Requirements

28. DOES THE ASBESTOS PROJECT INVOLVE

(If you answer "Yes" to any of the following, you must submit a complete Work Place Safety Plan and obtain an Asbestos Abatement permit from DEP before commencing abatement activities. Please see section 1-26 of the DEP Asbestos Rules and the instructions for this form)

- A. Obstruction of an exit door leading to an exit stair or the exterior of the building? Yes No
- B. Obstruction of an exterior fire escape or access to that fire escape? Yes No
- C. Obstruction of a fire-rated corridor leading to an exit door? Yes No
- D. Removal of handrails in an exit stair or ramp within the work area*? Yes No
- E. Removal or dismantling of any fire alarm system component including any fire alarm-initiating device (e.g. smoke detectors and manual pull stations) within the work area*? Yes No
- F. Removal or dismantling of any exit sign, including directional signs, or any component of the exit lighting system, including photoluminescent exit path marking within the work area*? Yes No
- G. Removal or dismantling of any part of a sprinkler system including piping or sprinkler head within the work area*? Yes No
- H. Removal or dismantling of any part of a standpipe system, including valves or fire pumps within the work area*? Yes No

29. DOES THE ASBESTOS PROJECT INVOLVE

(If you answer " Yes" to any of the following, you must obtain an Asbestos Abatement Permit from DEP before commencing abatement activities. Please see section 1-26 of the DEP Asbestos Rules and the instruction form that will be generated once you submit this application)

- A. Removal of any fire-resistance rated portions of a wall, ceiling, floor, door, corridor, partition, or structural element enclosure including spray on fire-resistance rated materials within the work area*? Yes No
- B. Removal of any fire dampers, smoke dampers, fire stopping materials, fireblocking or draft stopping within fire-resistance rated assemblies or within concealed spaces? Yes No
- C. Removal of any non-load bearing / non-fire-resistance rated wall (greater than 45 sq.ft or 50% of a given wall) within the work area*? Yes No
- D. Any plumbing work other than the repair or replacement of plumbing fixtures within the work area*? Yes No

Complex projects with multiple phases

- Submit ACP9 form to DEP for variance from 1-22b along with a phasing plan
- Obtain V5 from DEP upon approval
- Submit V5 form to DOB in lieu of ACP21 and obtain a permit
- Submit ACP21/s to DOB prior to sign-off.

Scope of work	Applicant	DOB - ATRU	DEP - ATRU	DEP ACP Office	DOB Borough Office
Abatement exceeding 10 SF or 25 LF of ACM.	Prepare ACP7 in ARTS			Process ACP7 and Issue ACP21 upon final closeout	Issue permit based on ACP21 for any subsequent work
Abatement that impacts egress or life safety. Check "yes" to question 28 on ACP7	Prepare ACP7 in ARTS. Prepare WPSP	Review and Approve WPSP	Review and Approve WPSP	Issue an ATRU permit. Process closeout. Issue ACP20/21	Issue permit based on ACP20/21
Abatement that impacts egress or life safety. Check "yes" to question 29 on ACP7	Prepare ACP7 in ARTS. Prepare Construction Documents	Review and Approve CD	Review and Approve CD	Issue an ATRU permit. Process closeout. Issue ACP20/21	Issue permit based on ACP20/21
Abatement that does not impact egress or life safety. Pre-abatement permit application at DOB	Prepare ACP7 in ARTS. Prepare ACP9 for relief from 1-22b.	Review 1-22b package and phasing plan	Review 1-22b package and phasing plan	Issue V5 Approval Letter. Process closeout. Issue ACP20/21	Issue permit based on V5. Receive ACP20/21 prior to sign-off
Abatement that does not impact egress or life safety. Multiphase, complex projects requiring DOB Permit/s	Prepare ACP7 in ARTS. Prepare ACP9 for relief from 1-22b.	Review 1-22b package and phasing plan	Review 1-22b package and phasing plan	Issue V5 Approval Letter. Process closeout. Issue ACP20/21	Issue permit based on V5. Receive ACP20/21 prior to sign-off



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS ASSESSMENT REPORT



1. NYC DOB Job # (if applicable) _____ **Control Number: 658**

2. Premise No. 10 Street Name STREET Borough Manhattan Zip 10002

3. AKA _____ Type of Facility Residence BIN 100 Block 0040 Lot 004



NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373
ASBESTOS PROJECT NOTIFICATION (Form ACP7)



This form must be submitted to the DEP not less than one week in advance of the start of abatement activities.

I. FACILITY

- 1. Premise No. 60 Street Name Street Borough Manhattan Zip 10002
- 2. AKA _____ Type of Facility Residence BIN 10040 Block 0034 Lot 000
- 3. Is the abatement activity not associated with a building / structure (ie., a street activity job)? Yes No
- 4. If yes, specify location, on _____ between _____ and _____
- 5. Is this building a one-or-two family residence? Yes No Is the building height more than 75 feet? Yes No
- 6. Is the abatement activity conducted in a Government owned building? Yes No

II. BUILDING OWNER

- 7. Name Southeast Guild Address 101 Avenue 12th floor
- 8. City Manhattan State NY Zip 10022 Contact Person Ant.
- 9. Tel. # 772-2728 Fax # _____ Email _____

III. APPLICANT

- 10. Applicant's Affiliation Owner Asbestos contractor Third Party Air Monitor Other



Buildings ACP21 Asbestos Project Completion

	<p>NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION Asbestos Control Program 59-17 Junction Boulevard, 8th Floor, Flushing, NY 11373 ASBESTOS PROJECT COMPLETION FORM- ACP21</p>
<p>TRU177 MN12</p>	
<p>Premise Address <u>East 6th Street</u> Borough <u>Manhattan</u> Zip <u>10128</u></p>	
<p>DEP Asbestos Control Program is in receipt of the following document (s)</p>	
<p><input checked="" type="checkbox"/> Project Monitor's Report <input type="checkbox"/> A-TR1 form filed by Registered Design Professional</p>	
<p>Based on the above submitted documentation the Department is issuing the</p>	
<p><input checked="" type="checkbox"/> Project Completion Form (entire project) <input type="checkbox"/> Project Completion Form (partial project)</p>	
<p>(See next page for the list of closed-out location(s) of abatement)</p>	
<p>DEP hereby acknowledges that it has received the above documentation required pursuant to section 1-22(b) of the DEP Asbestos Rules (15 RCNY Chapter 1) for the completion of this project. Please note that the issuance of this Form is not a certification that the asbestos project was performed in accordance with the DEP Asbestos Rules or that the building is free of asbestos containing material. This Form is issued based on representations contained in documentation submitted by the applicant, or other relevant party.</p>	
<p>Date: October 3, 2012</p>	<p>_____ Signature</p>
<p>10/3/2012 5:41:28 PM</p>	<p>Page 1 of 2 ACP21 - 3/2011</p>

21	Demolition Details <i>*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).</i>
	<p>Yes No</p> <p>21A <input type="checkbox"/> <input type="checkbox"/> Demo. filing is for a secondary structure? <i>If yes, specify structure being demolished:</i> </p> <p><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from out of building? <i>If yes, mechanical means will demolish:</i> <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure</p> <p><input type="checkbox"/> <input type="checkbox"/> Mechanical means* from within building? <i>If yes, describe equipment proposed:</i> </p> <p>21B <input type="checkbox"/> <input type="checkbox"/> Demolition work affects the exterior building envelope</p> <p><input type="checkbox"/> <input type="checkbox"/> The scope of work involves raising/moving of a building</p>

22	Asbestos Abatement Compliance <i>Choose one.</i>
	<p><input type="checkbox"/> The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).</p> <p><input type="checkbox"/> The scope of the work is not an asbestos project as defined in the regulations of the NYC DEP. <i>DEP Control # is required.</i></p> <p>DEP ACP-5 Control No. </p> <p><input type="checkbox"/> The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)) or is an alteration to a building constructed pursuant to plans submitted for approval on or after April 1, 1987, in accordance with § 28-106.1.</p>



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Caswell F. Holloway, Commissioner

BUREAU OF ENVIRONMENTAL COMPLIANCE
ASBESTOS TECHNICAL REVIEW UNIT

VARIANCE APPROVAL - FORM V5

APPLICANT

8TH STREET
BROOKLYN NY 11228

DOB JOB# . 34358

VAR# 0408

TRU0238

Re: VARIANCE APPROVAL FROM SECTION 1-22 (b)) OF THE DEP RULES & REGULATIONS

**PREMISE
ADDRESS:**

61 ROOSEVELT Ave

The applicant has filed with the NYC Department of Environmental Protection on **May 3, 2011** for a variance from Title 15, Chapter 1, Rules of the City of New York section(s) **1-22(b)(3) or (4)** . Approval is hereby granted in accordance with the following conditions:

General Conditions of Variance:

- 1) All asbestos abatement and related construction work must comply with the Work Place Safety Plan and the specific agreed-upon phasing plan dated **May 2, 2011** by the Applicant, the Contractor, and A-TRU.
- 2) This variance approval may be accepted by DOB prior to permit in lieu of the required Asbestos Project Completion form(s) (ACP 20) and / or the Asbestos Project Conditional Completion form(s) (ACP21).
- 3) The applicant shall submit **0** Asbestos Project Conditional Completion form (ACP 20) and / or **1** Asbestos Project Completion form (ACP 21) to DOB prior to sign-off.
- 4) DOB permit work may commence only in work areas where asbestos abatement is complete or in areas where no asbestos abatement is required.
- 5) In work area where abatement is complete, the ACP20 and/or ACP21 forms must be posted or kept in the field office on site.

- ACP 1-23 (b) (1) Work does not involve physical work (subdivisions, CO, no work, etc.)
- ACP 1-23 (b) (2) Work does not disturb existing Presumed Asbestos Containing Materials (PACM) or suspect miscellaneous ACM
- ACP 1-23 (b) (3) (For items listed in the next slide)
- BC 28-106.1 Buildings constructed per plans submitted for approval on or after April 1, 1987

- **Awnings**
- **Cranes** not anchored to building or structure
- **Emergency power** not involving hard wiring, e.g. battery packs
- **Exterior concrete work** (e.g. sidewalks, curb cuts, traffic islands) except if waterproofing compound is present
- **Exterior scaffolding** not anchored to building or structure
- **Exterior trenching** and drainage
- **Ground-mounted flagpoles**
- **New storefronts** in existing masonry openings (no disturbance of existing building)
- **Radio antennas** (free-standing towers)

- Relocating free-standing **parking lot sheds**
- **Replacing rooftop air conditioning** (no modification of ductwork or disturbance of building)
- **Roadway asphalt**
- **Sealing unsafe or abandoned buildings** with cinderblock and mortar
- **Sidewalk sheds, bridges, fences, elevators, hoists and café signs** (no penetration of building materials)
- **Street furniture** (e.g. candy or newsstands, bus shelters, kiosks)
- Installation of new outdoor **swimming pool**
- Free-standing tents
- Erection of **temporary structures** (e.g. trailers) with electric/water lines only

In a typical green roof installation, are building materials being disturbed?

- The five principal components of any green roof system are roof structure, waterproofing, drainage system, soil media and planting types.



Modular Design



Modular Design



Announcements and Service Notices

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Asbestos Technical Review Guidance document

In 2009, the City enacted a number of new laws to ensure that asbestos abatement is conducted safely.

▶ [Download \(PDF\)](#)



Announcements and Notices

▶ [Controlled Demolition Procedures](#)

▶ [Asbestos Investigator's Memo – Web Based ACP5 form – June 30th, 2010 – New](#)

▶ [Asbestos Regulatory Memorandum - Exception List – June 23rd, 2010 – New](#)

▶ [Complex Abatement/Alteration Projects—DOB and DEP Filing Procedures](#)

▶ [Asbestos Certification Application Changes](#)

▶ [Enforcement of Asbestos Rules §1-01\(c\)](#)

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▶ [Asbestos Regulatory Interpretation Memorandum](#)



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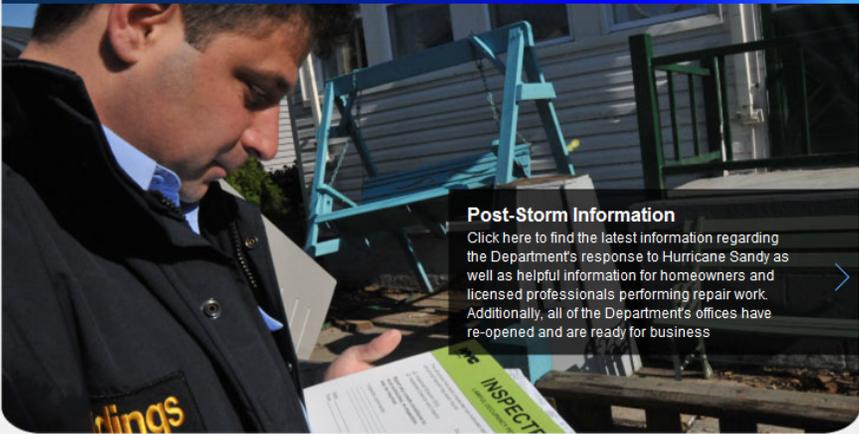
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News & Services

Contact the Buildings Department

Post-Storm Information

[Click Here to View](#)



Post-Storm Information

Click here to find the latest information regarding the Department's response to Hurricane Sandy as well as helpful information for homeowners and licensed professionals performing repair work. Additionally, all of the Department's offices have re-opened and are ready for business

Buildings Information

House #

Street Name

Borough

Pick a Borough

Find

I want to...

Choose One

Search

Building Tools



NYC Development Hub & Electronic Filing (eFiling)



Buildings @ Work: Forensic Engineering Unit



License Search



Building on My Block








Sanitary and Storm Connections Filing Procedures

Frank Rodriguez
Chief Inspector, House Connections

Code and Zoning Representative
Training Module 4.3

1. Project Data and Use
2. Site or House Connection Request *
3. Location Plan
4. Attachment “ F “
5. Supporting Documents
6. Certification, Restrictions, Special Conditions
7. Guide Lines

**** A site connection is basically for commercial properties or buildings with 4 or more families. While a house connection is for residential home 3 families or less but, the SCP form is used for both.***

- Identify which form will be submitted (i.e. Site Connection or House Connection)
- Applicant of Record (NYS Registered Architect or Professional Engineer) must provide a property survey not older than one year from date of current filing
- Applicant of Record must obtain, from the local Borough office of DEP, an Index Map and submit it to DOB with filings
- Applicant of Record must also obtain and submit As-Built drawings with the filings
- Applicant of Record must provide Declaration of Easement (Individual or Home Owners Association) and maintenance as required



DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER & SEWER OPERATIONS

SITE CONNECTION PROPOSAL FORM
VALID FOR TWO (2) YEARS
[SC /]



A. PROJECT DATA:

Borough of _____ Building Dept. No (s) _____
 Tax Block _____ Lot (s) _____ Zoning _____ Map No. _____
 Project Location _____
 Applicant _____
 Address _____ Zip _____ Phone () _____
 Owner _____
 Address _____ Zip _____ Phone () _____

B. PROJECT USE:

TYPE: 1, 2, 3, Family Multiple Dwelling Commercial _____
 Number of Buildings: _____ Total Number of Dwelling Units: _____
 Ownership: Fee Simple Condominium Home Owner Association Other.....

C. SITE CONNECTIONS REQUESTED:				D. CONNECTION INFO:	
Total Developed Site Storm Flow _____ cfs				1. <input type="checkbox"/> Connection to exist:	
Allow: Storm Flow to the Sewers _____ cfs				<input type="checkbox"/> Spur <input type="checkbox"/> Riser <input type="checkbox"/> Curb Connection	
<input type="checkbox"/> Detention <input type="checkbox"/> Retention				2. <input type="checkbox"/> Proposed New Riser	
				3. <input type="checkbox"/> Fold Spur in	
				4. <input type="checkbox"/> Drill in	
				5. <input type="checkbox"/> M.H. Conn. <input type="checkbox"/> Exist. <input type="checkbox"/> Prop.	
				6. <input type="checkbox"/> Reuse Plugged Connections	

No. Requested	Sanitary	Storm	Comb.	Downells
Size _____	_____	_____	_____	xxxxxxx
Material (s) _____	_____	_____	_____	xxxxxxx
Total Q (s) _____	_____	_____	_____	_____

Note: The property owner is responsible for plugging all inactive pre-existing sewer connections.

E. PRIVATE SEWER/DRAIN DATA:

- P.D. Plan No. _____ Date Approved _____ Expiration Date _____
- Date Construction Permit Was Issued _____
- Date Sewer Was Accepted By DEP _____
- Sanitary Discharge Tributary to: _____

Private Sewage Treatment Plant	<input type="checkbox"/> No <input type="checkbox"/> Yes	Location _____
Private Pumping Station	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Private Sewer	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

F. LOCATION PLAN: As Shown Below See Attached Location Plan Attachment "F" (8 1/2 x 14 Size)

Rev. 5/95

A. Project Data Section: Must be completely filled out. Digital Tax Maps should be checked for Block and Lot accuracy.

B. Project Use Section: Certain Commercial Properties require plan approvals in conjunction with the Sewer Certification Application. If required, Waste Water Management Permit must be secured before review.

C. Site Connection Section: Must clearly indicate the number of connections, type of sewer & material. Storm water release rate must be no more than the greater of 0.25cfs or 10% of the allowable flow or if the Allowable flow is less than 0.25cfs, no more than the Allowable flow.

D. Connection Info Section: must indicate what action the contractor will take to connect to the City sewer main.

E. Private Sewer Drain Data: Only if it Applies

F. Location Plan Section: location drawing may be sketched in the open area or submit an Attachment "F". use the Attachment F to show detail location Drawings.

G. SUPPORT DOCUMENTS:

*1. Site Plan - 6 copies with hydraulic calculations _____

*2. Survey - 3 copies with watercourse note _____

*3. Tentative Lot Number Request Form - Attached _____ Not Applicable _____

**4. Owner's Consent for STP/PS Connection - Attached _____ Not Applicable _____

5. Department of Health Approval - Attached _____ Not Applicable _____

6. Department of Buildings Amendment - Attached _____ Not Applicable _____

***7. Condo HOA Prospectus or Affidavit - Attached _____ Not Applicable _____

8. Industrial Waste Approval - Attached _____ Not Applicable _____

9. Associated Mapping Demapping Action - Attached _____ Not Applicable _____

10. Building Pavement Plan - Attached _____ Not Applicable _____

11. Boring Logs - Attached _____ Not Applicable _____

12. Other (Specify) _____ Attached _____

* Requires PE/RA Stamp and Original Signature (L.S. for Survey)

** Must Be Notarized and have Corporate Seal

*** Must be Notarized

SEWER INFORMATION CERTIFIED BY DEP

		PUBLIC	PRIVATE
1. There (is) (is not) a sanitary sewer fronting the property available for connections.	SIZE _____	_____	_____
2. There (is) (is not) a storm sewer fronting the property available for connections.	SIZE _____	_____	_____
3. There (is) (is not) a combined sewer fronting the property available for connections.	SIZE _____	_____	_____
4. Sanitary discharge tributary to:			Location _____
City Treatment Plant -	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Private Sewage Treatment Plant -	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Private Pumping Station -	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
5. Distance to, and location of nearest allowable drainage plan sewer:			
a) Sanitary Outlet _____			
b) Storm Outlet _____			
c) Combined Outlet _____			

CERTIFICATION, RESTRICTIONS, SPECIAL CONDITIONS.

ADDITIONAL INFORMATION, COMMENTS BY DEP OFFICE.

1. Topo Map No. _____ Watercourse shown: YES NO

2. Comments: _____

Rev. 1001

G. Support Documents: Size of the City Sewer is paramount to determine contractors course of action. Refer to As Built's and Index Map

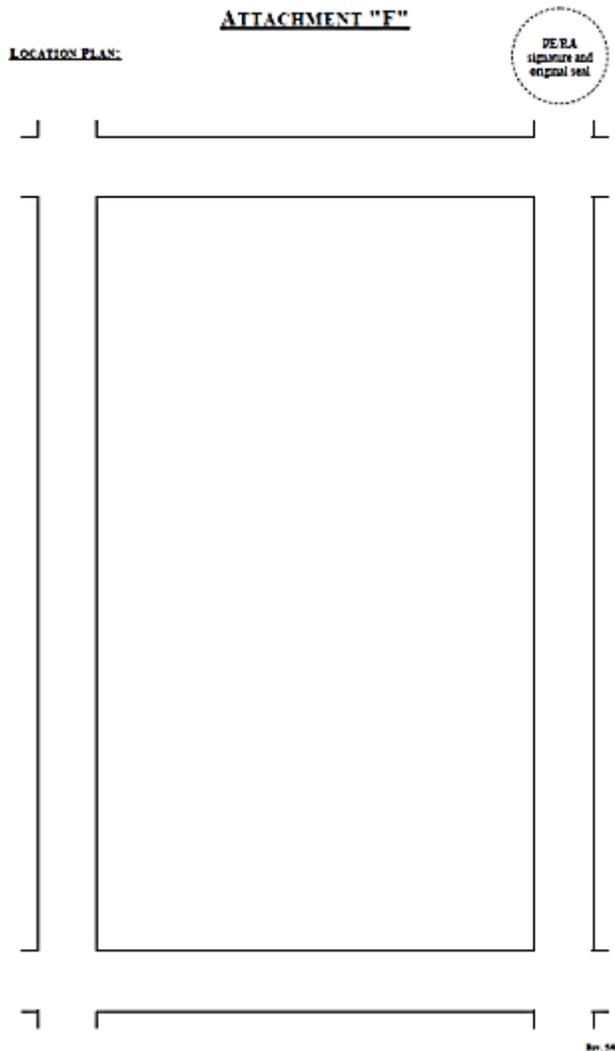
Sewer Information: Closest Sewage Facility the waste will discharged to. As per Index map

Certification Restrictions: Applicants Name, PE/RA Seal, Date, and Applicants information must be on the Form.

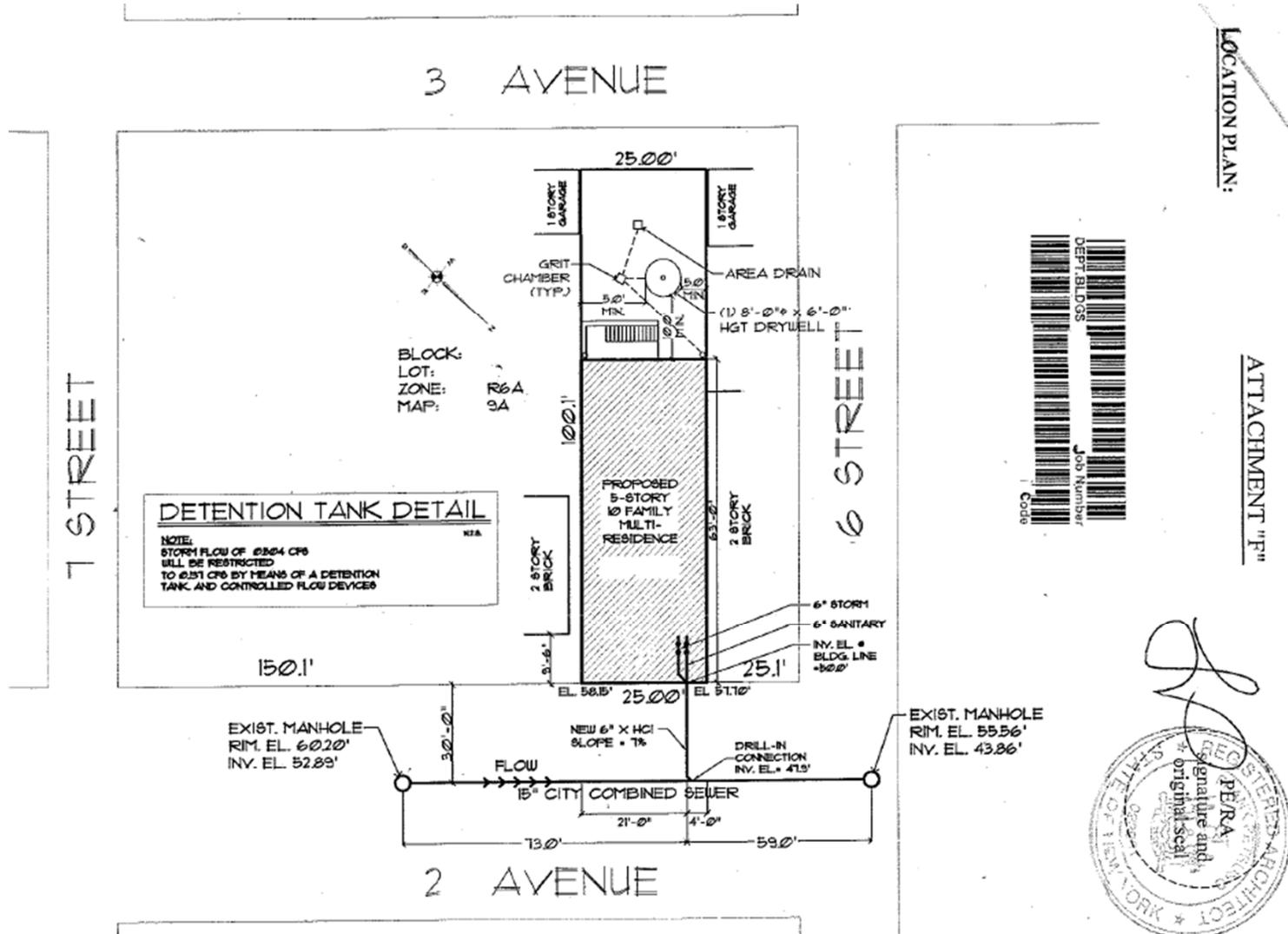
• **Owners information should match Department of Finance Records**

• **Owner signature and date**

Additional Information: Topographic Stamp must be included in Watercourse information section.



- Indicate on this diagram:
- Size of Lot and structure
- Indicate material type, size and length of sewer connection.
- Show drywells, detention tanks leader lines and yard drains.
- Show size of sewer in the roadway and the direction of the flow
- Show distance between manholes, distance of the point of connection to City main to closest manhole down stream.
- Show sewer connection inv. dimension at the BL, PL, CL and the CM.
- Indicate on drawing the slope of the new sewer pipe .
- Make sure that the diagram is signed and sealed by the architect.





Effective Immediately all Home Owner's Associations, Condominium, Jamaica Rezoned Area, Proposed New Risers, Easements, Street Widening and De-mapped Streets require applications to be submitted to DEP first. You may professionally certify the applications at DEP. Besides the SCP form, the application must include the following:

1. **Computer Printout** (Showing Property Profile) 1 Copy
2. **Sewer Self Certification Form:** 6 sets (full packages)
3. **B-Scan** – Each job number must have its own B-Scan label for each application
4. **Survey:** 3 Original copies must be submitted. The copies must not be older than two years from the date of submission, and each copy must be signed and sealed by the surveyor.
5. **Sewer Maps:** 1 Original Copy. Obtained from the local DEP office.
6. **Tentative Lot Forms:** 3 Original Sets. (only if lots are subdivided)
7. **Borings:** 3 original sets of “boring submissions” are required. A boring submission includes drawings and calculations. A sample is on the following slide. The submissions must not be older than two years from the date of submission and must be signed and sealed by a professional engineer.

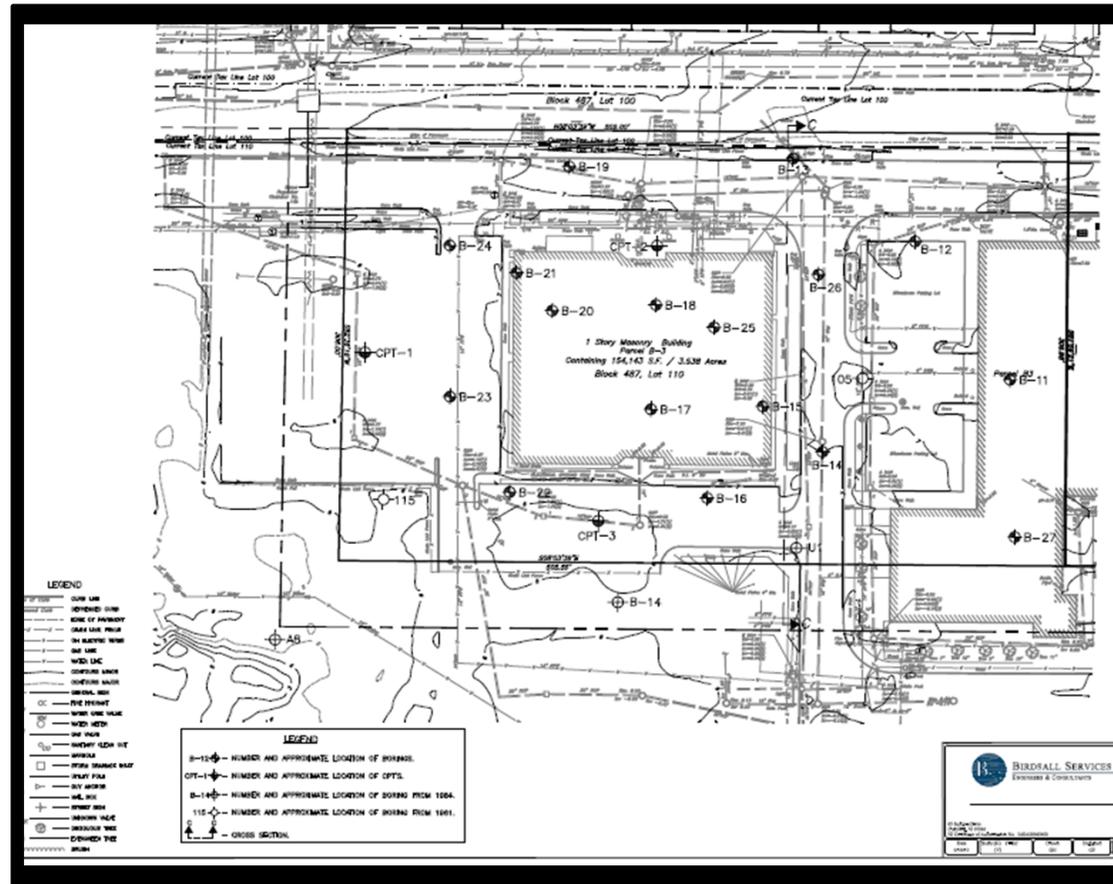
1. Auto Repair or Body Shops
2. Auto Salvage/Junk Yards
3. Car/Truck/Trailer/Train Washes
4. Cement Block Manufacturing Facilities
5. Commercial Food Preparation Facilities
 - A) Bakeries
 - B) Cafeterias
 - C) Coffee Shops
 - D) Cooking Schools
 - E) Delis
 - F) Fish Markets
 - G) Ice Cream Shops
 - H) Restaurants
 - I) Slaughter Houses
 - J) Super Markets
6. Commercial or Industrial Laundries
7. Dental Offices
8. Doctors Office with X-ray machines
9. Drug Stores with Photo Processing

10. Dry Cleaners
11. Gas Stations (with or without auto repair shops or delis)
12. Hospitals
13. Industrial Manufacturing Facilities
14. Laboratories (research, analytical)
15. Photofinisher Facilities
16. Schools with:
 - a) Art rooms
 - b) Science Labs
 - c) Cafeterias (Public or Private)
17. Transfer Stations
18. Welding Shops / Machinist Shops

Sample of Boring Submission

A boring submission includes drawings and calculations.

Submissions must not be older than two years from the date of submission and must be signed and sealed by a professional engineer.



Sample of Boring Submission

Boring Results

BIRDSALL SERVICES GROUP ENGINEERS & CONSULTANTS 68 Jackson Drive, Clifton, New Jersey 07016 (908) 487-8900		Boring No.: B-1						
Ground Surface Elevation: + 6.5'		Project Number: 02113103000						
Depth to Groundwater: 6'		Location: Staten Island, NY						
		Client: Ironstate Development						
Depth	Sample Number	Recovery (inches)	Standard Penetration Test (SPT)	Letter Symbol	Soil Type	Soil Description	Lab Analyses	Depth
0-0						Ground Surface:		0-0
2.0	S-1	14	26			FR: Dark gray fine to coarse sand, some silt, little fine gravel (most, medium dense)		2.0
6.0	S-2	18	23			- grading to brown fine to medium sand and silt, some fine gravel @ 5' - grading to (wet) @ 6'	MC: 15%	6.0
10.0	S-3	6	3			- grading to fine to coarse sand, some silt, little fine to coarse gravel (loose) @ 10'		10.0
16.0	S-4	5	3			- grading to black in color and silt, little cinder @ 15'		16.0
22.0	S-5	4	1					22.0
26.0	S-6	4	7					26.0

Project Manager: GF	Drilling Method: Hollow Stem Auger	Legend and Notes MC (Moisture Content) LL (Liquid Limit) PL (Plastic Limit) NA (Not Available) NR (Not Recorded) GWLNE (Groundwater Level Not Encountered)
Field Engineer: LP	Sampling Method: Split Spoon	
Driller: General Borings	Casing Depth: N/A	
Start Date/Time: 4/30/12	Sheet: 1 of 2	
Finish Date/Time: 4/30/12	Plate: 3A	

- Development/Project is not filed with NYCDOB
- Existing sanitary/combined street sewer is not fronting the property, but is available
- Storm/Combined sewer extension is feasible
- Proposed connection is a Skewed or Easement connection. Subject to deed restrictions or a franchised sanitary force main connection.
- Proposed connection to private sewer or Drain.
- Proposed connection to private sanitary drain discharging into private plant.
- Part of a tax lot
- DEP order to connect to sanitary sewer.
- Riser, Manhole and Catch Basin connections

Provide:

1. 3 Copies of PE/RA letter required
2. 6 Copies of the sewer form completely filled out
3. 6 Copies of the site plan and attach documents that might have changed from the original filing or requested from DEP.
4. 1 Copy of old original sewer application attached.
5. If the sewer filing expire, i.e. time has lapsed beyond two years from when DOB originally approved, please fill out a new sewer application with all of the required documents.

Note: Any major revision of the original filing that is submitted will be assessed an additional fee equal to 50 percent of original filing fee.

Other filings that may often require coordination between DEP and DOB:

- **Septic**- Septic system filing, review and approval are performed centrally in the Department of Buildings (DOB); currently in the Staten Island borough office. The applicant must provide plan drawings, surveys and special forms. Information on septic applications is not readily available from BIS (Internet).
- **Drywells**- Submit plan drawings, boring tests, and percolation tests for plan examination review and approval through in the borough offices, or the hub. Verification that installations conform to the approved and permitted drawings is done under professional certification. However, installations are periodically audited by the DOB.

- All septic system are filed at the DOB Septic central office in Staten Island
- Applicants must submit:
 - SCU-1 & 2
 - SCU-3
 - 2 copies of the plans (plans must be signed and sealed by the P.E. or R.A.)
 - 2 copies of the survey
- 1968 Buildings Code, Code sections :
 - P113.5
 - P113.7
 - Table RS 16-22 “Tank Capacity”

Chapter 17 of the 2008 building Code

- **Chapter 17 “STRUCTURAL TESTS AND SPECIAL INSPECTIONS”**
- Special inspections are required for **Septic** and **Drywell** installations.
- A Special Inspector is required to fill out a TR-1 Section 3.

Thank You!

- Due to a Change in the New Building Code section **107.11**, as of January 1 of 2015, DOB will no longer accept new HCP and SCP Filings. All New fillings will be submitted for review and approval at the DEP office in your prospective Borough. Only **Amended** HCP and SCP of previously filed DOB jobs can still be filed at DOB.

Licensing

For plumbers, electricians, general contractors, site safety professionals, sustainable contractors and more...

Sandra Fleury

Licensing

Code and Zoning Representative
Training Modules 11.1 and 11.2

Who visits the DOB Licensing Office?

- License Holders / Applicants
- Filing Representatives

- Registered General Contractor
- Safety Registration
- Master Electrician
- Elevator Agency Director
- Oil Burning Equipment Installer
- Master Plumber
- Master Fire Suppression Contractors
- Riggers (Master, Special & Tower Crane)
- Sign Hangers (Master & Special)

...and all of these require various types of **insurance**

Insurance Types:

- Workers' Compensation
- General Liability
- Disability

• **What is a tracking number?**

A tracking number is required to pull permits for certain alterations.

You may use the tracking number for any type of work that does not involve the following:

- New building construction
- Demolition work
- Work involving the placement of 2,000 cubic yards or more of concrete
- Vertical or horizontal alterations that add more than 25% to an existing building's floor area
- Alteration work that adds three or more stories
- Alteration work that removes more than 50% of an existing building's floor area
- Alteration work to remove one or more floors

Any of the work mentioned above, requires either a General Contractor Registration or a Safety Registration.

How to Apply

1. How to apply for an insurance tracking number?

To obtain an insurance tracking number, the following documents must be submitted:

- Workers Compensation
- Disability
- General Liability

2. The contractor first and last name must be indicated on all of the insurance certificates.

3. How to renew an insurance tracking number?

- To renew a tracking number, the updated insurances certificates must be submitted. The insurances can be e-mailed, fax, mail or brought in-person to the Licensing Unit. The tracking number must be indicated on all insurances. Insurance updates may take up to 3 business days to process.

4. How to make changes to an insurance tracking number? (i.e. business address AND/OR telephone number)

- If any company information has changed, an original notarized letter requesting the change is required.



Insurance Guidelines

- Your license/registration/tracking number(s) must appear on all forms.
- Your business name and address must match Department records.
- Any corrected forms must be submitted by your insurance producer or insurance broker.
- The Certificate Holder box must read:

New York City Department of Buildings
 Attn: Licensing Unit
 280 Broadway, 6th Floor
 New York, NY 10007

- If you update a cancelled policy, you must submit a letter of re-instatement along with the updated insurance certificate.
- All information must be typed. Handwritten corrections are not accepted.

GENERAL LIABILITY INSURANCE

- Each occurrence must be a minimum of 1 million dollars.
- Your insurance producer/broker must an original signed and notarized Certification by Broker

Accepted Forms:

- Accord 25 (2014/01) – Certificate of Liability Insurance
- Accord 25 (2013/01) – Certificate of Liability Insurance
- Accord 25 (2009/01) – Certificate of Liability Insurance
- Accord 25 (2009/09) – Certificate of Liability Insurance
- Accord 25 (2010/05) – Certificate of Liability Insurance

WORKERS' COMPENSATION INSURANCE

- The business telephone number is required on C105.2 (9/07) and GSI 105.2 (2/02).

Accepted Forms:

- U26.3 – Certificate of Workers' Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) – Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) – Certificate of Participation in Workers' Compensation

DISABILITY INSURANCE

- A business telephone number must be included.
- Your insurance policy number and Federal Employer Identification Number (EIN) must appear on your Disability certificate.

Accepted Forms:

- DB 120.1 (12-13) – Certificate of Compliance with Disability Benefits Law
- Bill De Blasio, Mayor
 Rick Chandler, P.E., Commissioner
- Licensing Unit: (212) 393 – 2259
 nyc.gov/buildings

- DB 120.1 (5/06) – Certificate of Compliance with Disability Benefits Law

EXEMPTION FROM WORKERS' COMPENSATION & DISABILITY INSURANCE

You may submit an Affidavit of Exemption from worker's compensation and disability insurance if there are no employees in your company. **Note: General Contractors (Registered/Non-Registered) and Safety Registration applicants cannot submit an affidavit of exemption.**

- You must submit the original Affidavit (not a copy).
- Your Affidavit must have an original signature and date.

Accepted Forms:

- CE-200 – Certificate of Attestation of Exemption from New York State Worker's Compensation and/or Disability Benefits Insurance Coverage

SUBMITTING CERTIFICATES

New Certificates:

Submit documents in person to:
 Licensing Unit
 Department of Buildings
 280 Broadway, 6th Floor
 New York, NY 10007

Submit documents by:

Email: Licensingdob@buildings.nyc.gov (for general contractor and safety registration only).

Fax: (646) 500 - 6247 or (646) 500-6249(main)

(212) 646 500 6248 (General Contractors)

Mail: Licensing Unit
 NYC Department of Buildings
 280 Broadway, 6th Floor
 New York, NY 10007

Updating Certificates:

Tracking Number

NYC Department of Buildings

Contractor Details

=== GENERAL CONTRACTOR - NON-REGISTERED ===
 TRACKING NUMBER ONLY
 Licensee's Name

Entry Date: 09/22/2009

Contractor ID: 000000

Status: A - ACTIVE

Expiration: 09/22/2009

City Employee: No

Office Address: 280 BROADWAY NEW YORK, NY 10007

Business Phone: 212-566-5000

Business 1 : NYC DEPT OF BUILDINGS

Insurance Type	Policy	Required	Company	Expiration Date
General Liability		No		
Workers' Compensation	JKLMNO PQ	Yes	NYSIF	10/12/2009
Disability	RSTUWXY	Yes	FIRST REHAB LIFE INS CO	09/22/2009

Requirements for General Liability Insurance Certificate

- Policy holders business name and address must be indicated
- Certificate Holder **MUST** read:

NYC Department of Buildings
Licensing Unit
280 Broadway, 6th floor
New York, NY 10007

- Project and/or Location specific policies are not accepted by the Licensing Unit; and must be submitted to the borough in which the work will take place
- Certificate must be signed by insurance carrier's authorized representative or NYS Licensed insurance agent of that insurance carrier

Accord 25
(2014/01)(2013/01), (2009/01),
(2009/09) or (2010/05)

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 07/15/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: Curran Connor Perry Agency
PHONE: _____
FAC. NO. IS: _____
FAX NO. IS: _____
ADDRESS: _____

INSURED: (212) 270-7048

INSURER A: _____
INSURER B: _____
INSURER C: _____
INSURER D: _____
INSURER E: _____
INSURER F: _____

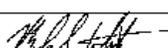
DESCRIPTION NUMBER: _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE CERTIFICATE HOLDER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN MODIFIED BY PAID AMENDMENTS.

TRM LTR	TYPE OF INSURANCE	INSR	INVD	POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> INSD <input type="checkbox"/> SECT <input type="checkbox"/> LOC					
J	OMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
	UMBRELLA LIAB EXCESS LIAB DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCL. (Mandatory in NH) If yes, describe under DESCRIPTION OF COVERAGE below					WC STATUTORY LIMITS \$ EL. EACH ACCIDENT \$ EL. DISEASE - SA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THIS CERTIFICATE OF LIABILITY INSURANCE IS FOR INFORMATIONAL PURPOSES ONLY.

CERTIFICATE HOLDER: NYC DEPT OF BUILDINGS LICENSING UNIT 280 BROADWAY 6TH FLOOR NEW YORK, NY 10007

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE: 

ACORD 25 (2010/05) © 1988-2010 ACORD Inc. The ACORD name and logo are registered marks of ACORD Inc.

Acord 25 (2009/01), (2009/09) or (2010/05)



Workers Compensation Insurance Certificate

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number of Insured</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NYC Department of Buildings Licensing Unit 280 Broadway, 6 Floor New York, NY 10007</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>3c. Policy effective period _____ to _____</p> <p>The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier shall advise the certificate holder within 10 days if a policy is cancelled due to nonpayment of premiums or an assignment of premiums that cancel the policy or substitute the insured from the coverage indicated in this Certificate. The carrier may be notified by regular mail. Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c," whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____ (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____ (Signature) _____ (Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

This form is authorized to issue Form C-105.2. Insurance brokers are NOT

C-105.2 (9-07)

www.web.state.ny.us

Requirements for Worker's Compensation Insurance Certificate

- Insured business name & address must be indicated in section 1A
- Insured business telephone # must be indicated in section 1B
- Insured Federal Employer Identification # must be indicated in section 1D
- Certificate Holder MUST read in section 2:

NYC Department of Buildings
Licensing Unit
280 Broadway, 6th floor
New York, NY 10007

- Insurance Carrier (section 3A) , policy # (section 3B) and policy effective period (section 3C) must be indicated
- Certificate must be signed by insurance carrier's authorized representative or NYS Licensed insurance agent of that insurance carrier

C105.2 (9-07)



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICYHOLDER		CERTIFICATE HOLDER	
		NYC DEPT. OF BUILDINGS ATTN LICENSING UNIT 280 BROADWAY 6TH FLOOR NEW YORK NY 10007	
POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2079 299-1100 07/13/12 COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, WITH RESPECT TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, WITH NOTICE PRIOR TO 07/13/2012 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE BY REGISTERED MAIL TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGISTERED MAIL SO EXPRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS POLICY DOES NOT COVER DAMAGES OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

ROBERT DIMEZZA- 1/1 PRESIDENT
 OFFICE DESIGN BUILD INC

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

Requirements for Worker's Compensation Insurance Certificate

- Policy holders business name and address must be indicated
- Certificate Holder **MUST** read:

NYC Department of Buildings
 Licensing Unit
 280 Broadway, 6th floor
 New York, NY 10007

U-26.3

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

See at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790

U-26.3

Disability Insurance Certificate

Requirements for Disability Insurance Certificate

- Insured business name & address must be indicated in section 1A
 - Insured business telephone # must be indicated in section 1B
 - Insured Federal Employer Identification # must be indicated in section 1D
 - Certificate Holder **MUST** read in section 2:
- NYC Department of Buildings
 Licensing Unit
 280 Broadway, 6th floor
 New York, NY 10007
- Name of insurance carrier (section 3A) , policy # (section 3B) and policy effective period (section 3C) must be indicated
 - Certificate must be signed by insurance carrier's authorized representative or NYS Licensed insurance agent of that insurance carrier

DB120.1 (12-13) or (5-06)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only)	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) NEW YORK CITY DEPARTMENT OF BUILDINGS ATTN: LICENSING UNIT 280 BROADWAY 6TH FLOOR NEW YORK, NY 10007	3a. State of Insurance 3b. Policy Number of entity listed in box "1a" 3c. Policy effective period.
4. Policy covers: a. <input checked="" type="checkbox"/> All of the employees of the insured under the New York Disability Benefits Law b. <input type="checkbox"/> Only the following classes of the employer's employees:	

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has Disability Benefits insurance coverage as described above.

Date Signed: _____ By: _____
(Signature of Insurance Carrier or the representative of the Licensed Insurance Agent of that Carrier)

Telephone Number: _____ Title: _____

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
 If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 230, §860.1 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plan Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

State Of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed: _____ By: _____
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number: _____ Title: _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (5-06)

Certificate Number 124719

DB120.1 (5-06)

Disability Self-Insured Insurance Certificate



STATE OF NEW YORK
WORKERS COMPENSATION BOARD
SELF-INSURANCE OFFICE
20 PARK STREET - ROOM 206
ALBANY, NY 12247

(518) 402-0267
FAX (518) 402-6199

COMPLIANCE WITH DISABILITY BENEFITS LAW
(Enacted by Chapter 223, section 2 of the Laws of 1997)

EMPLOYER	FEDERAL EMPLOYER IDENTIFICATION NUMBER
ADDRESS (HOME OR MAIN OFFICE)	LOCATION OF OPERATIONS
	OPERATIONS TO BEGON ON OR ABOUT:

There are on file with the Workers Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his/her employees in the following manner:

By providing self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.

By providing self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date: _____

By: _____
Asst. WC Examiner

Requirements for Disability Self-Insured Insurance Certificate

- Employer name & address must be indicated where requested
- Insured Federal Employer Identification # must be indicated where requested
- Location of Operations must be listed
- Operations start date must be listed
- Certificate must be signed & dated by the WC Examiner

DB-155 (7/09)

Registration Highlights

- Issued to individual
- Required for all 1, 2, 3 family new building permits as of November 1, 2008 per Local Law 36 of 2007
- 3 year registration

NYC Department of Buildings

Contractor Details

=== GENERAL CONTRACTOR - REGISTERED ===
INCLUDING NEW 1/2/3 FAMILY HOME
Licensee's Name

Entry Date: 09/22/2009

Contractor ID: 000000

Status: A - ACTIVE

Expiration: 04/02/2012

City Employee: No

Office Address: 280 BROADWAY NEW YORK, NY 10007

Business Phone: 212-566-5000

Business 1 : NYC DEPT OF BUILDINGS

Insurance Type	Policy	Required	Company	Expiration Date
General Liability	ABCDEFGHI	Yes	SCOTTSDALE INS CO	01/29/2010
Workers' Compensation	JKLMNOPQ	Yes	NYSIF	10/12/2009
Disability	RSTUVWXY	Yes	FIRST REHAB LIFE INS CO	09/22/2009

How to Apply

How to apply for the General Contractor Registration?

- 1) **The applicant must complete the LIC6 application and submit ALL of the required documentation which is located on our website under “Applying for General Contractor Registration”.**
- 2) **The primary principal (which is the applicant) must appear in person to the Licensing Unit Monday –Friday from the hours of 1:30 to 3:30.**
- 3) **At the Licensing Unit, the Customer Service Window will issue you a ticket.**
- 4) **Your application and documents will be reviewed.**
- 5) **Once your documentation is accepted, it will be sent for background investigation, which takes approximately 6 – 8 weeks**
- 6) **A notification letter will be sent to the applicant home address after background investigation is completed.**

LIC6 “How to Apply” Guide



Registered General Contractor

STEP 1: LICENSE QUALIFICATIONS

In order to become a licensed General Contractor, you must:

- Be at least eighteen (18) years old
- Be able to read and write the English language
- Have good moral character so as to not adversely impact upon fitness to perform the duties and responsibilities of a General Contractor

STEP 2: BACKGROUND INVESTIGATION

In order to become a registered General Contractor for one (1), two (2) and three (3) family homes, you must also pass a background investigation by submitting the below original documentation in person to the Department's Licensing Unit, Monday through Friday, from 1:30m to 3:30pm.

Licensing Unit Contact Information:

Licensing Unit
NYC Department of Buildings
280 Broadway, 6th floor
New York, NY 10007

- ***Required by Local Law 8 of 2009 for:***
 - New Building permits (**other than 1, 2, 3 family**)
 - an alteration permit for a vertical or horizontal enlargement of more than 25% of the floor area of the existing building,
 - an alteration for adding three or more stories to an existing building,
 - an alteration permit for demolition or alteration of more than 50% of the floor area of an existing building,
 - an alteration involving the removal of one or more floors of an existing structure,
 - a demo permit, or
 - the placement of 2,000 cubic yards or more of concrete in connection with excavations, foundations or superstructures, including steel structures

- ***This Safety Registration number can not be used for:***
 - One, two, or three family New Building permits

Safety Registration

NYC Department of Buildings

Contractor Details

=== GC SAFETY REGISTRATION ===

TEST TEST

Entry Date: 04/01/2008

Status: A - ACTIVE

City Employee: No

Office Address: 1111 STREET BROOKLYN, NY 11111

Business Phone: 718-555-5555

Contractor ID: 600000

Expiration: 01/01/2012

Business 1 : TEST

Insurance Type	Policy	Required	Company	Expiration Date
General Liability	280	Yes	TEST	05/05/2011
Workers' Compensation	281	Yes	TEST	05/05/2011
Disability	282	Yes	TEST	05/05/2011

Endorsements

Status: ACTIVE **Type:** DEMOLITION

Status: ACTIVE **Type:** CONCRETE

Status: ACTIVE **Type:** CONSTRUCTION

- Issued to a company
- Endorsement Options:
 - Construction (not required for Registered GCs)
 - Demolition
 - Concrete (for jobs using 2,000 cubic yards or more)
- 3 year registration
- Fees:
 - \$80 original / renewal fee for each endorsement type
 - \$130 late renewal fee for each endorsement
 - \$50 Reissuance fee (lost card or information change)

How to Apply

1. Complete LIC7 application & assemble documentation as per LIC7 instructions
2. Any person listed on the application may appear in person to the Licensing in person Monday - Friday between 1:30pm – 3:30pm
3. Visit customer service window and pull an “H” ticket
4. Required documentation will be reviewed and if accepted a registration number and safety registration card will be issued the same day.

NYC Buildings LIC7: Safety Registration Form
Application must be typed.

*Must Apply in Person At: New York City Department of Buildings Licensing Unit
250 Broadway, 9th Floor
New York, NY 10007*

1 Application Type: Original Renewal Change/ Reissue

2 Safety Registration Number or existing tracking number

3 Safety Registration Endorsement Type: *Select all that apply*
 Construction Demolition Concrete

4 Type of Business:
 Individual / Sole Proprietor Corporation Partnership

5 Business Information *Required for all applications. Business fax and mobile telephone are optional. Email is required.*
 Legal Name of Business _____ % Control
 Business's Trade or Doing-Business-As (DBA) Name* _____ Title
 Business Address _____ Business Telephone _____
 City _____ State _____ Zip _____ EIN _____
 Business Fax _____
 Email _____

6 Primary Business Contact *Have tables required if applicant is an individual/sole proprietor. Contact must be director, officer or principal.*
 Last Name _____ First Name _____ Middle Initial _____
 Social Security No _____ Date of Birth (m/d/y) _____
 Home Address _____ Home Telephone _____
 City _____ State _____ Zip _____ Mobile Telephone _____
 Email _____ % Control _____

7 Corporate Officers, Partners and Any Stakeholders *(Include Stakeholders that own ten percent or more and primary applicant)*
 Last Name _____ First Name _____ Middle Initial _____
 Social Security No _____ % Control _____ Title _____
 Date of Birth (m/d/y) _____ Telephone _____
 Email _____ Emergency Contact Yes No
 Last Name _____ First Name _____ Middle Initial _____
 Social Security No _____ % Control _____ Title _____
 Date of Birth (m/d/y) _____ Telephone _____
 Email _____ Emergency Contact Yes No
 Last Name _____ First Name _____ Middle Initial _____
 Social Security No _____ % Control _____ Title _____
 Date of Birth (m/d/y) _____ Telephone _____
 Email _____ Emergency Contact Yes No
 Last Name _____ First Name _____ Middle Initial _____
 Social Security No _____ % Control _____ Title _____
 Date of Birth (m/d/y) _____ Telephone _____
 Email _____ Emergency Contact Yes No

LIC7 PAGE 2

8 Business Affiliation Information
 Yes No Is any person named on this application an employee, participant in the management of, or own a controlling interest in any other entity which files for permits with the Department? If "Yes" you must complete the section below.
 Yes No Any current or former association with another General Contracting company in the last 5 years not mentioned on this application? If "Yes" you must complete the section below.
 Yes No Has any person named on this application ever been employed by DOB or another City agency? If "Yes" provide details in Section 9.

Name of Individual _____ % Control
 Legal Name of Business _____ Title
 Business's Trade or Doing-Business-As (DBA) Name* _____
 Business Address _____ Business Telephone _____
 City _____ State _____ Zip _____ EIN _____

Name of Individual _____ % Control
 Legal Name of Business _____ Title
 Business's Trade or Doing-Business-As (DBA) Name* _____
 Business Address _____ Business Telephone _____
 City _____ State _____ Zip _____ EIN _____

Name of Individual _____ % Control
 Legal Name of Business _____ Title
 Business's Trade or Doing-Business-As (DBA) Name* _____
 Business Address _____ Business Telephone _____
 City _____ State _____ Zip _____ EIN _____

9 Comments

10 Applicant Statements and Signatures
 I have read and understand all the terms contained in this document. I state that the above information is correct and complete to the best of my knowledge. I understand I am tasked to make a false statement to the Department or to give to a city employee, or for a city employee to accept, any benefit, money or otherwise, either as gratuity for properly performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of registration.

Name (Print) _____ Notarization: State of New York, County of: _____ Notary Seal
 Signature _____ Sworn to or affirmed under penalty of perjury
 Day of _____ 20____
 Date _____ Notary Signature _____

Internal Use Only: _____
 Date received: _____ Fee Paid: \$ _____
 Reviewed by: _____
 Comments: _____ Status: Satisfactory Unsatisfactory

LIC7 “How to Apply” Guide



Licensing

How to Obtain a Safety Registration Number

STEP 1: WHY YOU NEED A SAFETY REGISTRATION NUMBER

You must have a safety registration number with the Department in order to file applications with the agency to obtain the following permits:

- New building permits
Note: New building permits for one-, two- and three-family homes are excluded
- Alteration permits to enlarge a building more than 25% of the building's existing floor area
- Alteration permits to add three or more stories to an existing building
- Alteration permits to demolish or alter more than 50% of a building's existing floor area
- Alteration permits to remove one or more floors of an existing building
- Demolition permits

Subcontractors

- **Safety Registration will affect:**
 - Demolition subcontractors
 - Concrete subcontractors

- **Will not affect:**
 - Plumbing subcontractors
 - Electrical subcontractors

Sustainable Contractor Registration: General Contractors, Electricians & Plumbers

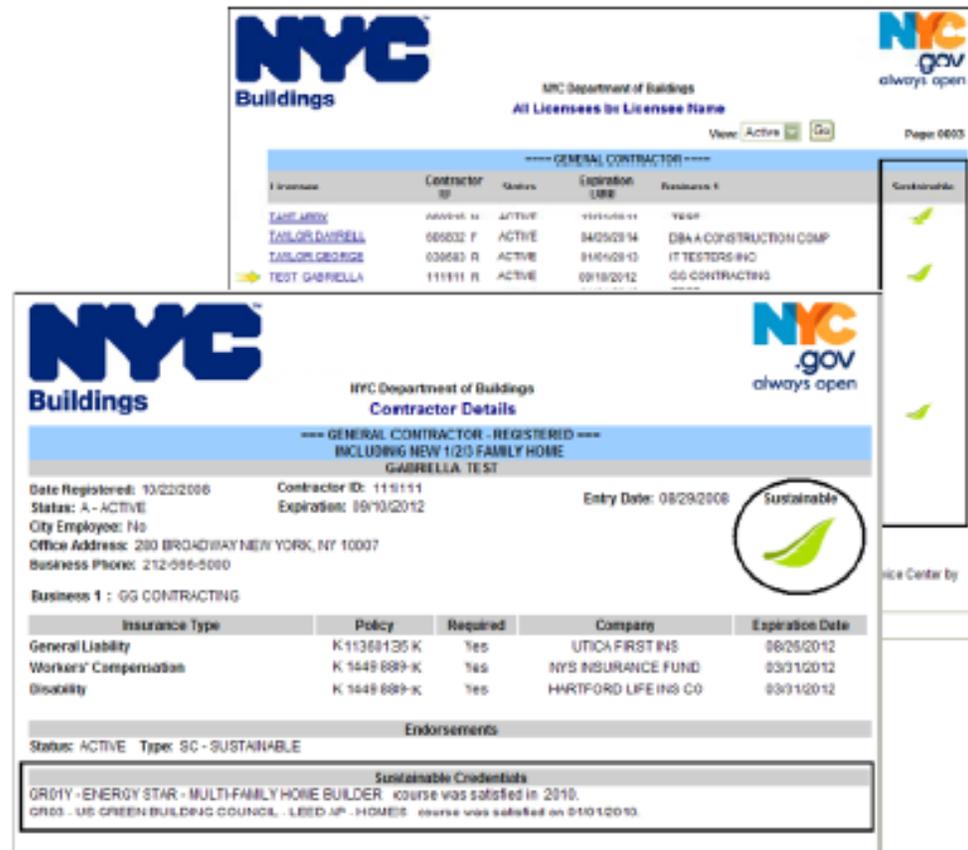
Contractors, electricians and plumbers with an expertise in environmentally friendly construction and green technologies may now register with the Department as a Sustainable Contractor.

To register, applicants must demonstrate their knowledge through third-party certification/credentials. They must also agree to promote green technologies and report these activities to Department, when requested.

Confirming a Sustainable Contractor's Registration

Use the [Skilled Trades Licensees / General Contractor / Registrant Search](#) tool at nyc.gov/buildings to verify if a contractor is certified in sustainable practices. Enter the license number, last name or business name and select the license type. Sustainable Contractors will have a green leaf icon on their page. Contractors' credentials are listed on the bottom of the screen.

Sustainable Contractor Registration



NYC Buildings NYC Department of Buildings
 All Licensees by Licensee Name
 View: Active Go Page: 003

Licensee	Contractor ID	Status	Expiration DATE	Business 1	Sustainable
TASE ARDY	000000 00	ACTIVE	00000000	TEST	
TAYLOR DAVIDELL	000002 F	ACTIVE	04050914	DBA A CONSTRUCTION COMP	
TAYLOR GEORGE	000003 R	ACTIVE	01040910	IT TESTERS INC	
TEST GABRIELLA	111111 R	ACTIVE	09182012	GG CONTRACTING	

NYC Buildings NYC Department of Buildings
 Contractor Details
 GENERAL CONTRACTOR - REGISTERED
 INCLUDING NEW 1/23 FAMILY HOME
 GABRIELLA TEST

Date Registered: 10/22/2008 Contractor ID: 111111 Entry Date: 08/29/2008
 Status: A - ACTIVE Expiration: 09/10/2012
 City Employee: No
 Office Address: 200 BROADWAY NEW YORK, NY 10007
 Business Phone: 212-686-5000

Business 1 : GG CONTRACTING

Insurance Type	Policy	Required	Company	Expiration Date
General Liability	K11360135 K	Yes	UTICA FIRST INS	06/25/2012
Workers' Compensation	K 1449 889-K	Yes	NYS INSURANCE FUND	03/31/2012
Disability	K 1449 889-K	Yes	HARTFORD LIFE INS CO	03/31/2012

Endorsements
 Status: ACTIVE Type: SC - SUSTAINABLE

Sustainable Credentials
 GR01Y - ENERGY STAR - MULTI-FAMILY HOME BUILDER course was satisfied in 2010.
 GR03 - US GREEN BUILDING COUNCIL - LEED AP - HOMES course was satisfied on 01/01/2010.

Bill de Blasio, Mayor

CommunityPartnerships@buildings.nyc.gov

Frequently Asked Questions

What is a Sustainable Contractor Designation?

Sustainable Contractor Designation is a new program launched to recognize contractors who are working to meet today's increased demand for new, green technologies. This program identifies contractors who demonstrate knowledge in sustainable practices through third-party certification/credentials. These contractors will agree to promote the use of green technologies to their customers and report these activities to the department upon request.

Is this endorsement required for any jobs, permits or licenses?

No, this registration is not required for any jobs, permits or licenses.

I am a licensed Master Plumber with an approved sustainable certificate/credential.

Can I register as a Sustainable Contractor?

Yes. Master Plumbers and Electricians will be able to apply as Sustainable Contractor in Late Summer. General Contractors (1,2,3 family home) are now able to apply for a sustainable designation.

How do I apply for a Sustainable Contractor Designation?

In order to apply for a Sustainable Contractor Designation, follow the instructions in our guide for Sustainable Contractor Designation. You will be required to have an [eFiling](#) account with Department of Building.

How do I know which certificate/credentials are recognized by the department?

If you wish to verify if your certificate/credentials are recognized by the department, you may view the list of Buildings Department Approved Sustainable Contractor Certification/Credential on our website.

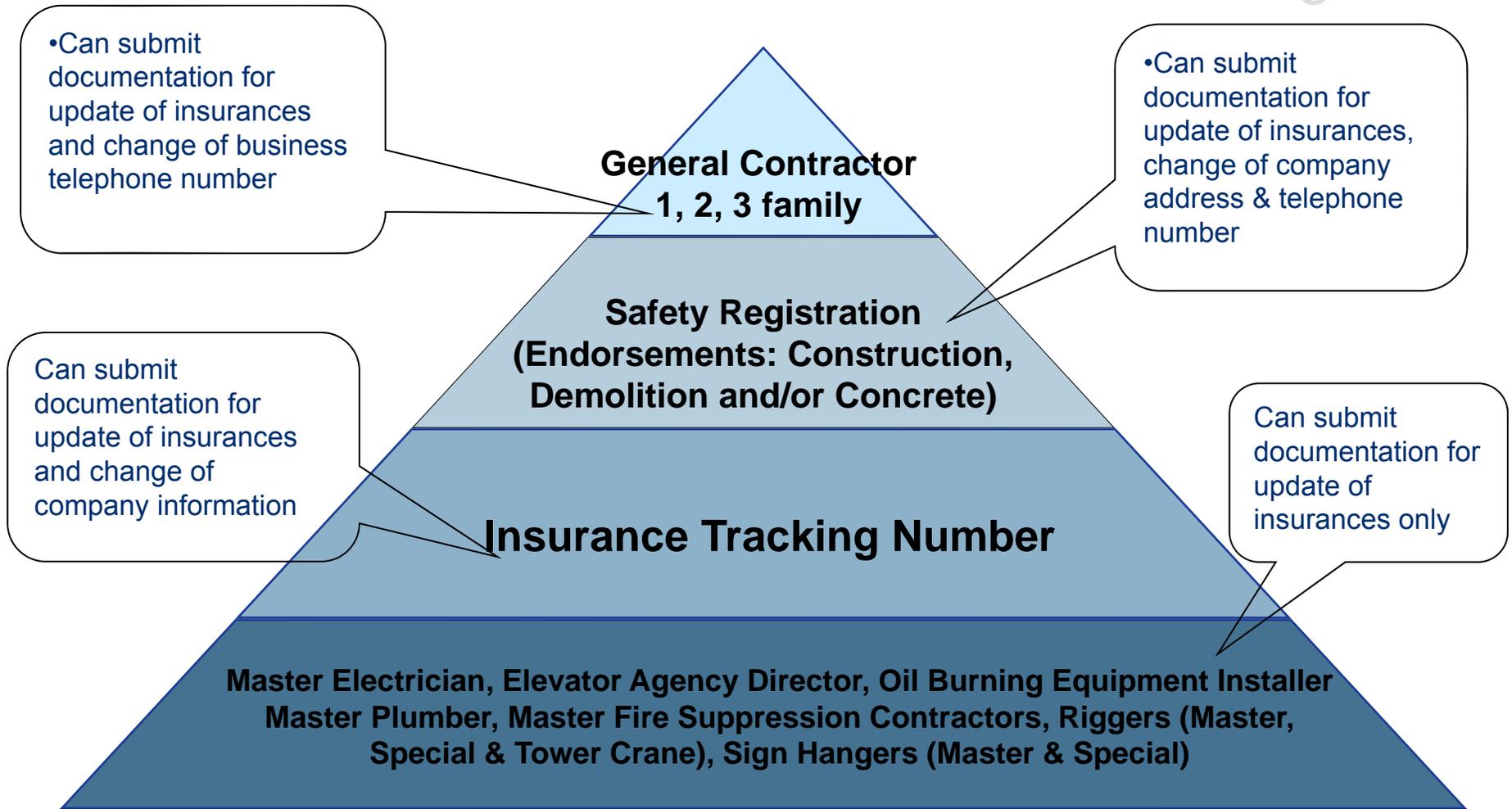
How do I register with eFiling?

You may visit our website and follow the instructions under [eFiling](#).

After I submit the online forms, how long will it be before I receive a response?

You should receive an email response within two – three weeks from submission.

Submit to the Licensing Unit



Questions?

Contact Licensing Hotline: 212-393-2259

Thank You!



Civil Penalties for Work Without Permit Violations

Martin Rebholz, RA
Borough Commissioner

Code and Zoning Representative
Training Module 12.1

- Work Without Permit (WWOP) Notice of Violation must be issued
- Does not need to be indicated in BIS
- Separate Protocol for Electrical, Elevator or Boiler Violations
- L2 is used only if Override Waiver or Reduction is sought
- L2 is not needed for full Civil Penalty Payment

The following forms can be located by clicking on the links below:

- L2

<http://www1.nyc.gov/assets/buildings/pdf/l2.pdf>

- Instructions

http://www1.nyc.gov/assets/buildings/pdf/l2_instr.pdf

- Service Notice

http://www1.nyc.gov/assets/buildings/pdf/l2_service_notice.pdf

Local law 48 of 2006 enacted:

- Increased civil penalties for violations related to work without a valid work permit to a minimum of \$500 for work in 1 or 2 family homes and \$5000 for such work in all other structures
- New penalties rates are assessed at the time of payment, not at the time the notice of violation was issued.
- Increased civil penalties are applicable beginning February 5, 2007
- Payable by the owner of the property

Document requirements

- Copy of Notice of Violation
- Complete L2 Form with applicable signatures
- Reference to Plans & applications applicable to corrective work.
- Copy of Certificate of Correction - If completed.
- Copies of other pertinent information.



L2: REQUESTS FOR OVERRIDES, REDUCTIONS, OR WAIVERS OF CIVIL PENALTIES FOR WORK WITHOUT A PERMIT AND STOP WORK ORDER VIOLATIONS

FORM MUST BE TYPEWRITTEN

1 Job and Request Information <i>(Required for all requests. A copy of the violation is required with the L2 submission.)</i>		
Job #	Violation #	
Indicate reason for request here by checking the applicable box:		
OVERRIDE REQUEST:		
<input type="checkbox"/> NRV: No relationship to the violation; where a permit is being sought for work in a space that is not related to the Work Without a Permit (WWP) violation.		
REDUCTION REQUEST:		
<input type="checkbox"/> REDT: Work completed without benefit of a permit constituted only a percentage of the total work. (Section 4 Affidavit of Reduction is required.)		
WAIVER REQUEST:		
WWP Waiver Reasons:		
<input type="checkbox"/> BFP: Where the owner is representing that he or she is a bona fide purchaser and the work was performed by the previous owner. (See AC §28-213.2). The following supporting documentation is required:		
<ul style="list-style-type: none"> • Copy of the deed • A notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit or letter must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation. • The affidavit or letter must include: the name of the bona fide purchaser; the location of the property; a statement that the property was not received as a gift; and, a statement that there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner 		
<input type="checkbox"/> CPP: Where the civil penalty was already fully paid. (Provide BIS Invoice #: _____ Or provide copy of front and back of cancelled check.)		
<input type="checkbox"/> DUPW: For another WWP violation that remains open and that was issued for the same work and at the same location. (The initial violation shall require payment of the civil penalty. Provide BIS Invoice # for the penalty that was already paid: _____)		
<input type="checkbox"/> ECB: Where an Environmental Control Board (ECB) violation for WWP has been dismissed whether on substantive or technical grounds.		
<input type="checkbox"/> EWG: Emergency work performed by the NYC Department of Housing Preservation & Development (HPD) or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1).		
<input type="checkbox"/> EWP: Emergency work performed without a permit, where an application for the work is filed with the Department within two business days after commencement of the work, except for emergency work described by Code EWG above. (See AC §28-105.4.1).		
<input type="checkbox"/> EXP1: Where a fence, shed or scaffold or other temporary construction equipment was installed with a valid permit and the permit had expired. (See BC 105.8.2).		
<input type="checkbox"/> EXP2: When permits (other than for temporary construction equipment) expired and there was no ongoing work.		
<input type="checkbox"/> GOV: For Federal, New York State, NYC or other government-owned property, or for property owned by eligible public authorities.		
<input type="checkbox"/> TPT: HPD third party transfers where a court issues a foreclosure judgment allowing the City to transfer title of a foreclosed property to a new owner. (See AC §11-412.1). Any civil penalties accrued before the closing date of the transfer must be waived. The new owner must provide a letter from HPD stating that there was a third party transfer and that penalties should be waived.		
Stop Work Order (SWO) Waiver Reasons:		
<input type="checkbox"/> SWBC: Where the Commissioner had determined that the violation should not have been issued for working against the SWO.		
<input type="checkbox"/> SWOE: Where the ECB violation issued for violating the SWO was dismissed for any reason.		
2 Location Information <i>(Required for all requests)</i>		
House No(s)	Street Name	
Borough	Block	Lot
	BIN	CB No.
Work on Floor(s)	Apt/Condo No(s)	
3 Owner Information <i>(Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)</i>		
Last Name	First Name	M.I.
Business Name	Phone	E-mail Address
Address	City	Zip Code

03/12



L2: REQUESTS FOR OVERRIDES, REDUCTIONS, OR WAIVERS OF CIVIL PENALTIES FOR WORK WITHOUT A PERMIT AND STOP WORK ORDER VIOLATIONS

FORM MUST BE TYPEWRITTEN

1 Job and Request Information <i>(Required for all requests. A copy of the violation is required with the L2 submission.)</i>		
Job #	Violation #	
Indicate reason for request here by checking the applicable box:		
OVERRIDE REQUEST:		
<input type="checkbox"/> NRV: No relationship to the violation; where a permit is being sought for work in a space that is not related to the Work Without a Permit (WWP) violation.		
REDUCTION REQUEST:		
<input type="checkbox"/> REDT: Work completed without benefit of a permit constituted only a percentage of the total work. (Section 4 Affidavit of Reduction is required.)		
WAIVER REQUEST:		
WWP Waiver Reasons:		
<input type="checkbox"/> BFP: Where the owner is representing that he or she is a bona fide purchaser and the work was performed by the previous owner. (See AC §28-213.2). The following supporting documentation is required:		
<ul style="list-style-type: none"> • Copy of the deed • A notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit or letter must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation. • The affidavit or letter must include: the name of the bona fide purchaser; the location of the property; a statement that the property was not received as a gift; and, a statement that there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner 		
<input type="checkbox"/> CPP: Where the civil penalty was already fully paid. (Provide BIS Invoice #: _____). Or provide copy of front and back of cancelled check.)		
<input type="checkbox"/> DUPW: For another WWP violation that remains open and that was issued for the same work and at the same location. (The initial violation shall require payment of the civil penalty. Provide BIS Invoice # for the penalty that was already paid: _____)		
<input type="checkbox"/> ECB: Where an Environmental Control Board (ECB) violation for WWP has been dismissed whether on substantive or technical grounds.		
<input type="checkbox"/> EWG: Emergency work performed by the NYC Department of Housing Preservation & Development (HPD) or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1).		
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<input type="checkbox"/> EXP1: Where a fence, shed or scaffold or other temporary construction equipment was installed with a valid permit and the permit had expired. (See BC 105.8.2).		
<input type="checkbox"/> EXP2: When permits (other than for temporary construction equipment) expired and there was no ongoing work.		
<input type="checkbox"/> GOV: For Federal, New York State, NYC or other government-owned property, or for property owned by eligible public authorities.		
<input type="checkbox"/> TPT: HPD third party transfers where a court issues a foreclosure judgment allowing the City to transfer title of a foreclosed property to a new owner. (See AC §11-412.1). Any civil penalties accrued before the closing date of the transfer must be waived. The new owner must provide a letter from HPD stating that there was a third party transfer and that penalties should be waived.		
Stop Work Order (SWO) Waiver Reasons:		
<input type="checkbox"/> SWBC: Where the Commissioner had determined that the violation should not have been issued for working against the SWO.		
<input type="checkbox"/> SWOE: Where the ECB violation issued for violating the SWO was dismissed for any reason.		
2 Location Information <i>(Required for all requests)</i>		
House No(s)	Street Name	
Borough	Block	Lot
		BIN
		CR No.
Work on Floor(s)	Apt/Condo No(s)	
3 Owner Information <i>(Required for all requests. Notarized signature by owner or authorized designee is required in Section 6.)</i>		
Last Name	First Name	M.I.
Business Name	Phone	E-mail Address
Address	City	Zip Code

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A - Only one job number may entered

B – Up to three violation numbers may be entered on a single form. Use multiple forms if more than three violations are to be cited.

C – Override should be checked when the application is unrelated to the violation with payment of civil penalties pending

D – Reductions are allowed when the scope of work noted in the violation is less than is shown on the plans filed to correct the violation. A written explanation must be filed by a registered design professional to qualify.

E & F – Waivers may be issued for the stated reasons subject to approval by the department

L2 PAGE 2

4 Affidavit of Reduction (Only required if reduction is requested. Affidavit needs to be provided by PE or RA. If the reduction request relates to a Limited Alteration Application—LAA—then the affidavit may be provided by another licensee type, such as a licensed plumber.)

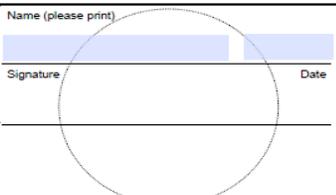
_____ being duly sworn, deposes and says:

- This affidavit is submitted in support of the request indicated in Section 1 of this form (Job and Request Information).
- On _____ (date) at _____ (am / pm) I inspected the above-captioned premises to determine whether the work covered by the application was commenced without benefit of a New York City Department of Buildings Permit.
- This affidavit is being submitted to the New York City Department of Buildings within two business days of my inspection.
- My inspection revealed that the following work, (written description must be provided below with at least four (4) supporting photographs in order to be accepted for consideration), filed for in the application, was completed without benefit of a permit. (Photographs need to have been taken within two business days of inspection.)

Internal Use Only — Preliminary Borough Review	
Building Classification _____	Reduction Amt \$ _____
Name (please print) _____	
Signature _____	Date _____

5 PE/RA/Other Licensee Applicant Data (Only required if reduction is requested)

Last Name	First Name	M.I.	Name (please print)
Business Name	Phone		
Address			
City	State	Zip Code	
<input type="checkbox"/> PE <input type="checkbox"/> RA <input type="checkbox"/> Other _____		License No. _____	



Signature _____ Date _____

Falsification of any statement is a misdemeanor 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.

PE / RA / Other Seal (apply seal, then sign and date over seal)

6 Notarization	Internal Use Only																										
State of New York, County of _____ Sworn to before me this _____ day of _____ 20____ Notary Seal _____ Notary Signature _____ Owner or Authorized Designee Signature _____ Date _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Borough Commissioner Review</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 2px;"><input type="checkbox"/> Approved</td> <td style="width: 40%; padding: 2px;"><input type="checkbox"/> Denied</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Reduction Amt \$ _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Approval/Denial Reason: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Name (please print) _____</td> </tr> <tr> <td style="padding: 2px;">1st Level Signature _____</td> <td style="padding: 2px;">Date _____</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">2nd Level Review—Fiscal</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Approved</td> <td style="padding: 2px;"><input type="checkbox"/> Denied</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Reduction Amt \$ _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Approval/Denial Reason: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Tracking #: _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Name (please print) _____</td> </tr> <tr> <td style="padding: 2px;">2nd Level Signature _____</td> <td style="padding: 2px;">Date _____</td> </tr> </tbody> </table>	Borough Commissioner Review		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reduction Amt \$ _____		Approval/Denial Reason: _____		Name (please print) _____		1st Level Signature _____	Date _____	2nd Level Review—Fiscal		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reduction Amt \$ _____		Approval/Denial Reason: _____		Tracking #: _____		Name (please print) _____		2nd Level Signature _____	Date _____
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Approval/Denial Reason: _____																											
Tracking #: _____																											
Name (please print) _____																											
2nd Level Signature _____	Date _____																										

03/12

G – A registered design professional must complete this section when reduction of penalty is requested. The percentage (%) of the actual work completed must be provided.

H – Must be completed by PE or RA when applying reduction in civil penalty. In all other cases the PE or RA may complete this section in lieu of submission by the owner.

I – Notarization is required when the applicant is not a PE or RA.

J – Owner or owner’s authorized representative must sign in all cases when the form is not submitted by a PE or RA.

Department approval is required for override, reduction or waiver of civil penalties.

No Relationship to Violation (NRV)

Civil Penalty Override. A civil penalty will be overridden in order for a permit to be issued where the proposed work will be performed in a different space than the one in which work was done without a permit. The violation will remain open in department records until it is dismissed by ECB or an acceptable Certificate of Correction is received and approved by the department.

Reduction of Civil Penalties (REDP) – Document Requirements

- Copies of plans filed to address the notice of violation
- Photographs illustrating the areas cited in the violation
- A signed/sealed description of the work completed without a permit prepared by a registered design professional

A civil penalty will be permanently removed in the following instances, however, the violating condition must still be corrected and a Certificate of Correction received and approved by the department:

- BFP (Bona Fide Purchaser)
- (1) Where the owner is representing that he or she is a Bona Fide Purchaser and the work was performed by the previous owner. (See AC §28-213.2 of the code.) Notice of the violation to the new owner is irrelevant for this purpose. Required supporting documentation:
 - (i) Copy of the deed;
 - (ii) Notarized affidavit or letter of no relationship, which substantiates the owner's claims. If the bona fide purchaser is other than an individual, the affidavit must be submitted on the entity's letterhead and signed by the owner or an officer of the corporation

The affidavit or letter must include:

- (A) The name of the bona fide purchaser;
- (B) The location of the property;
- (C) A statement stating that the property was not received as a gift; and
- (D) A statement stating there was no interest or relationship with the prior owner and the new owner is not acting in any way for the benefit of the prior owner.

A civil penalty will be permanently removed in the following instances, however, the violating condition must still be corrected and a Certificate of Correction should be received and approved by the department:

- CPP - Where the civil penalty has already been paid.
- DUPW - For a subsequent WWP violation issued for the same work and at the same location as the prior violation that is still open.
- ECB - Where an ECB violation for working without a permit has been dismissed whether on substantive or technical grounds.³
- EWG - Emergency work performed by HPD or other agency as directed by the Commissioner or work on unsafe buildings performed by HPD or other agency pursuant to a precept. (See AC §28-215.1.)

- EWP - Where emergency work is performed without a permit, except for emergency work described in (b)(3), below, and an application for the work is filed with the Department within two business days after commencement of the work. (See AC §28-105.4.1.)
- EXP1 - Where a fence, shed or scaffold (or other temporary construction equipment) was installed with a valid permit and the permit has expired.⁴ (See BC §105.8.2)
- EXP2 When permits are expired and there is no ongoing work.
- GOV - For Federal, New York State, or New York City or other government owned property or for property owned by eligible public authorities.
- TPT - HPD third party transfers where a court issues a foreclosure judgment allowing the City to transfer title of a foreclosed property to a new owner (see AC §11-412.2). Any civil penalties accrued before the closing date of the transfer must be waived. The new owner must provide a letter from HPD stating that there was a third party transfer and that penalties should be waived.

Thank You!



Padlock Enforcement

Edward J. Fortier

Executive Director, Special Enforcement

Code and Zoning Representative
Training Module 12.2

- Enacted in 1993 to provide padlocking as a stronger enforcement alternative to violation issuance, under certain circumstances
- The PEU's sole goal is to have the premises comply with the Zoning Resolution and any valid C.O.
- For the Padlock Enforcement Unit (PEU) to have jurisdiction the complained of use must be:
 - Commercial or manufacturing activities in a residential district, or heavy manufacturing in a C1 or C2 district; and
 - Operating contrary to the Zoning Resolution and without a valid C.O.

- Complaints of illegal use are received by 311 and routed to the Borough for initial inspection
- If the Borough observes conditions that support PEU jurisdiction, they electronically refer the complaint to PEU
- Before a complaint is accepted by the PEU, an enforcement associate will conduct additional research to assure PEU jurisdiction over location and use complained of

1. **ACCESS LETTER** – When Inspector is unable to gain access
2. **WARNING LETTER** – If the Inspector observes commercial or manufacturing activity
3. **COMPLAINT CLOSED** - No commercial or manufacturing activity was observed

- The Access letter advises the owner/occupant that a Department Inspector attempted access, but was unsuccessful
- The letter includes the inspector's name and contact information so that they may schedule an inspection

- The Warning Letter informs the owner/occupant that the Department has observed a commercial or manufacturing activity at the premises which is contrary to the ZR and should cease immediately
 - If the use does not cease a padlock hearing may be scheduled, resulting in the closure of all or a portion of the premises
 - The owner/occupant is advised that they should contact the Department of Small Business Services if they require assistance in relocating their business

- A complaint may be closed if:
 - Access has been obtained and no commercial or manufacturing activity is observed; or
 - The use is subsequently found to be non-conforming (a.k.a. grandfathered); or
 - If we are unsure whether the illegal use exists after the 1st inspection, we may conduct additional inspections, varying the days and times

- After the issuance of the warning letter the owner/occupant may contact the PEU to stipulate and resolve the matter and avoid the need for an OATH hearing
 - The owner/occupant admits that the premises has been used in violation of zoning
 - The owner/occupant waives their right to a hearing and agrees to voluntarily discontinue the use of the premises by an agreed upon date
 - If an inspection of the premises after the compliance date reveals that the prohibited use is ongoing, the Commissioner may immediately issue a closure order

- Hearings are conducted at the Office of Administrative Trials and Hearings (OATH)
- All owners, occupants, and mortgagees are named as respondents and served personally with a petition

- If the owner/occupant appears, efforts are made to settle by stipulation
- If the matter cannot be settled by the conference judge, a hearing is conducted
- PEU then awaits the ALJ's Report and Recommendation

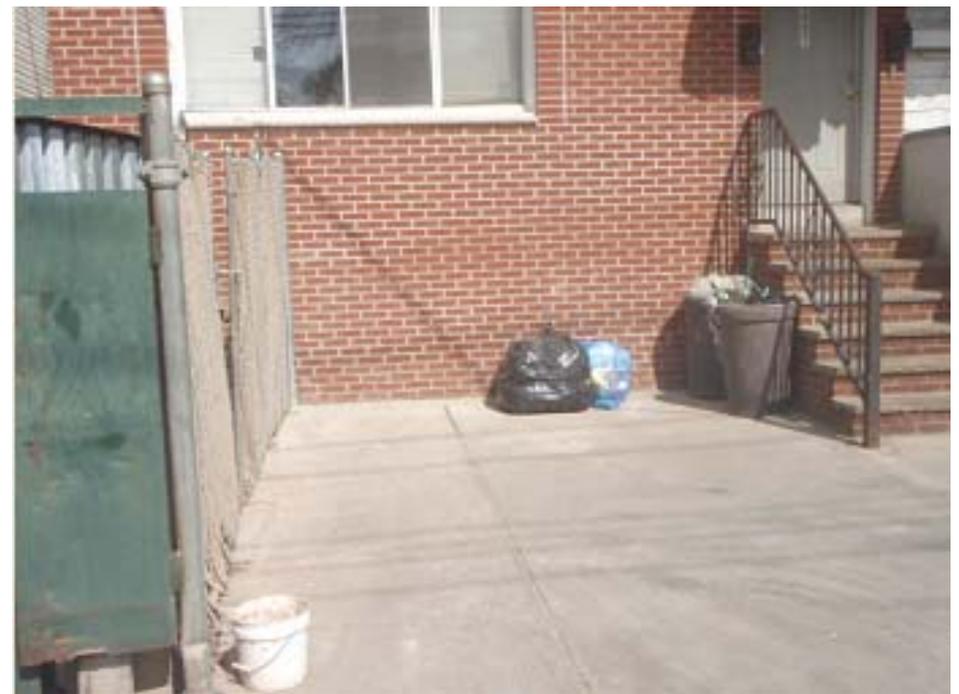
- Where ALJ Report and Recommendation are in favor of closing the premises:
 - An enforcement associate drafts a closure order
 - The Closure Order is signed by the Commissioner and the closure package is completed. The Closure Order and a Notice of Closure are laminated
 - Each is printed in both English and Spanish

- An inspector first posts the premises with the Order and Notice of Closure
- The Order of Closure is recorded against the parcel with the Department of Finance
- 10 days after posting, the premises is padlocked
- Closure verification inspections are conducted periodically

Posting and Padlocking the Premises



- The owner must request a key to access the padlocked portion of the premises
- Inspection must reflect that the nuisance has been abated
- The owner completes a Closure Order rescission request form
- The Commissioner signs rescission request
- The owner records the form with the Department of Finance









General Counsel's Office Unsafe Buildings Unit

Rachel Rabinowitz
Assistant General Counsel

Code and Zoning Filing Representative Level 2
Training Module 12.3

- Complaint to 311 that building or structure is vacant, open, unguarded or structurally compromised (Complaint Category 29)
- Borough inspects and issues UB violation, if appropriate
- Violation sent to UB Unit for court processing including title search, CPLR (Civil Practice laws & Rules) service, and notice of survey & summons

THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS

Violation

City of New York.....20.....

In the Matter of the Unsafe Building And Structure	}	NOTICE
Located.....		
Record No. U.B.....20.....		

To

You will please take notice that the building and structure situated on the
..... of the lot on the..... side of.....
commencing about..... feet from the..... corner of
..... and..... being a
..... story..... building and structure about
..... feet front,..... feet rear,
..... feet deep and..... feet high, and occupied as a
..... and known as Number
..... block..... lot
in the Borough of....., in the City of New York, has been reported to me as unsafe
and dangerous in the following respects to wit: the building (s) is vacant, unguarded and open to vandalism.

You are therefore required to make said building and structure safe and secure by sealing the building as
per the rules and regulations of this Department or in lieu thereof, take down and remove same by obtaining
a demolition permit, demolishing the building to grade level and removing all debris from the site.

You will also take notice that you are hereby required to immediately certify to the Borough
Superintendent for the Borough of..... of the City of New York, your assent or refusal
to secure or remove said building and structure and that unless you do a survey will be ordered to be
held thereon as the law directs, and that all costs and expenses incurred thereby will become a lien on said
building and structure and premises.

You are hereby directed to notify this Department when work is to be commenced. No Work shall be
covered until it has been inspected and approved by this Department.

Commissioner of Buildings

.....
Borough Superintendent

THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS

J.B.

Survey Date: Date and Time of Survey
Time:

Index No. Court Date and Time
Court Date:
Time:

SUPREME COURT OF THE STATE OF NEW YORK

.....
In the Matter of the Application of the City of New York
against
The Unsafe Building and Structure

**NOTICE OF UNSAFE
BUILDING AND
STRUCTURE, ORDER**

Located

**NOTICE OF SURVEY
AND
SUMMONS**

OWNER

.....
To the above -named Defendant:

You are therefore ordered to commence within 24 hours to take down and remove
or make same safe and secure by:

- DOB inspector and professional perform inspection (“survey”) of building and if it is deemed unsafe, the Department will issue a Report of Survey which is presented to NYS Supreme Court judge
- Court issues precept (court order) authorizing City to seal, demo or shore, or adjourns case for owner compliance
- If precept issued, the Department of Housing Preservation & Development (HPD) procures contractor to perform work

DEPARTMENT OF BUILDINGS

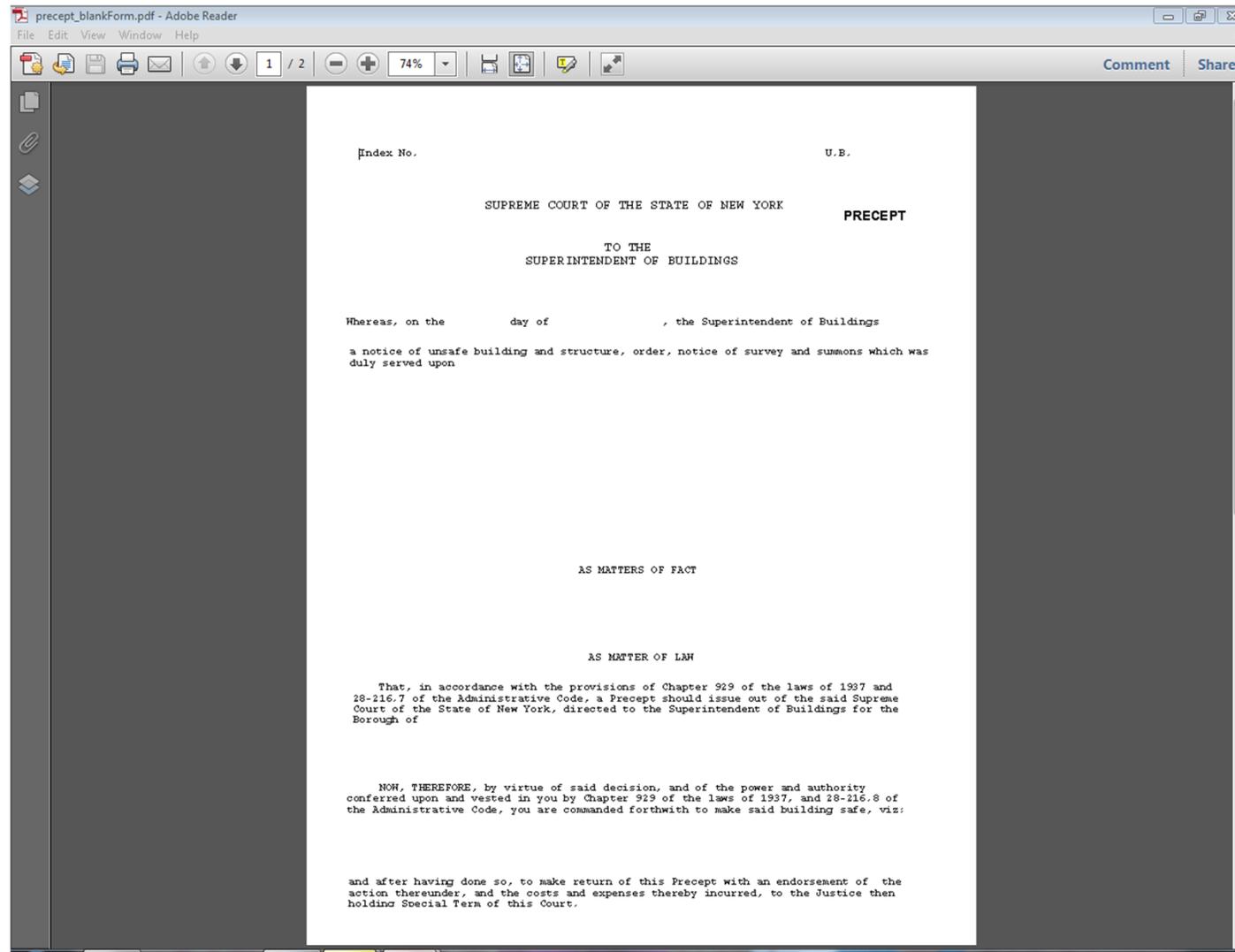
In the Matter of the Application of the City of New York
against
The Unsafe Building and Structure

REPORT OF SURVEY

OWNER

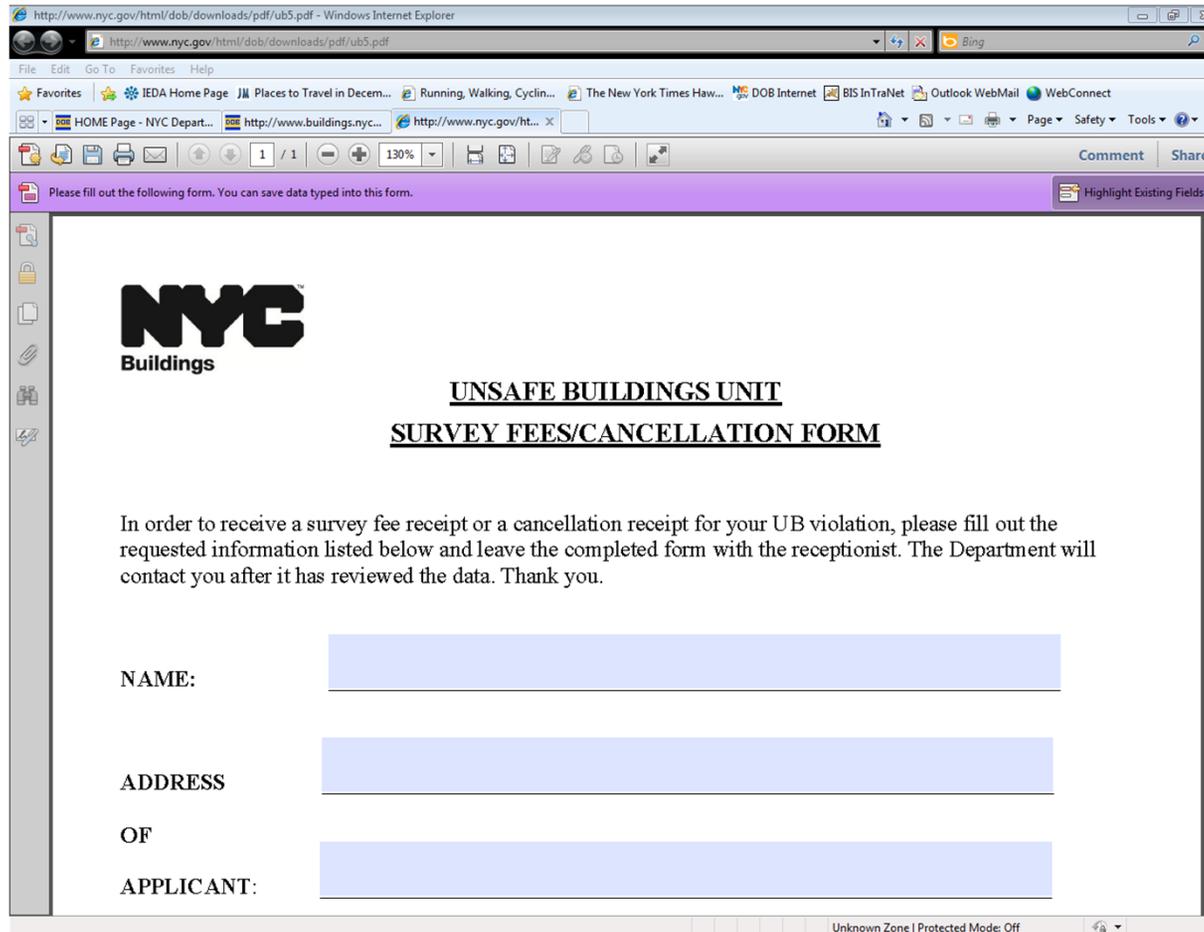
The undersigned, Surveyors appointed under and in pursuance of the provisions

DO Certify and Report : That in pursuance of the annexed Notice and Summons,
they met at the time and place therein mentioned, and made a careful survey and
inspection of the following premises, to wit :



1. Check BIS to see if UB violation is open (listed as a DOB violation)
2. UB violations stay open Unless and Until an owner seeks to have it dismissed
3. Contact UB Unit (in person at 280 Broadway, 7th floor reception) or by telephone at (212) 393-2131 to see if Survey Fee is owed to DOB. Fill out Request for Dismissal form, if coming to DOB Main Office.
4. Survey fee is \$100 after July 1, 2008, \$65 prior

5. UB staff will research violation and contact you to let you know whether survey fee is owed AND whether any money is owed to City for the work the City performed in executing the precept
6. Since July 1, 2008, money spent by City (HPD) is now converted to a tax lien
7. Once survey fee is paid (via UB Unit), UB Unit will provide Receipt



http://www.nyc.gov/html/dob/downloads/pdf/ub5.pdf - Windows Internet Explorer

http://www.nyc.gov/html/dob/downloads/pdf/ub5.pdf

Please fill out the following form. You can save data typed into this form. [Highlight Existing Fields](#)

NYC Buildings

UNSAFE BUILDINGS UNIT
SURVEY FEES/CANCELLATION FORM

In order to receive a survey fee receipt or a cancellation receipt for your UB violation, please fill out the requested information listed below and leave the completed form with the receptionist. The Department will contact you after it has reviewed the data. Thank you.

NAME:

ADDRESS

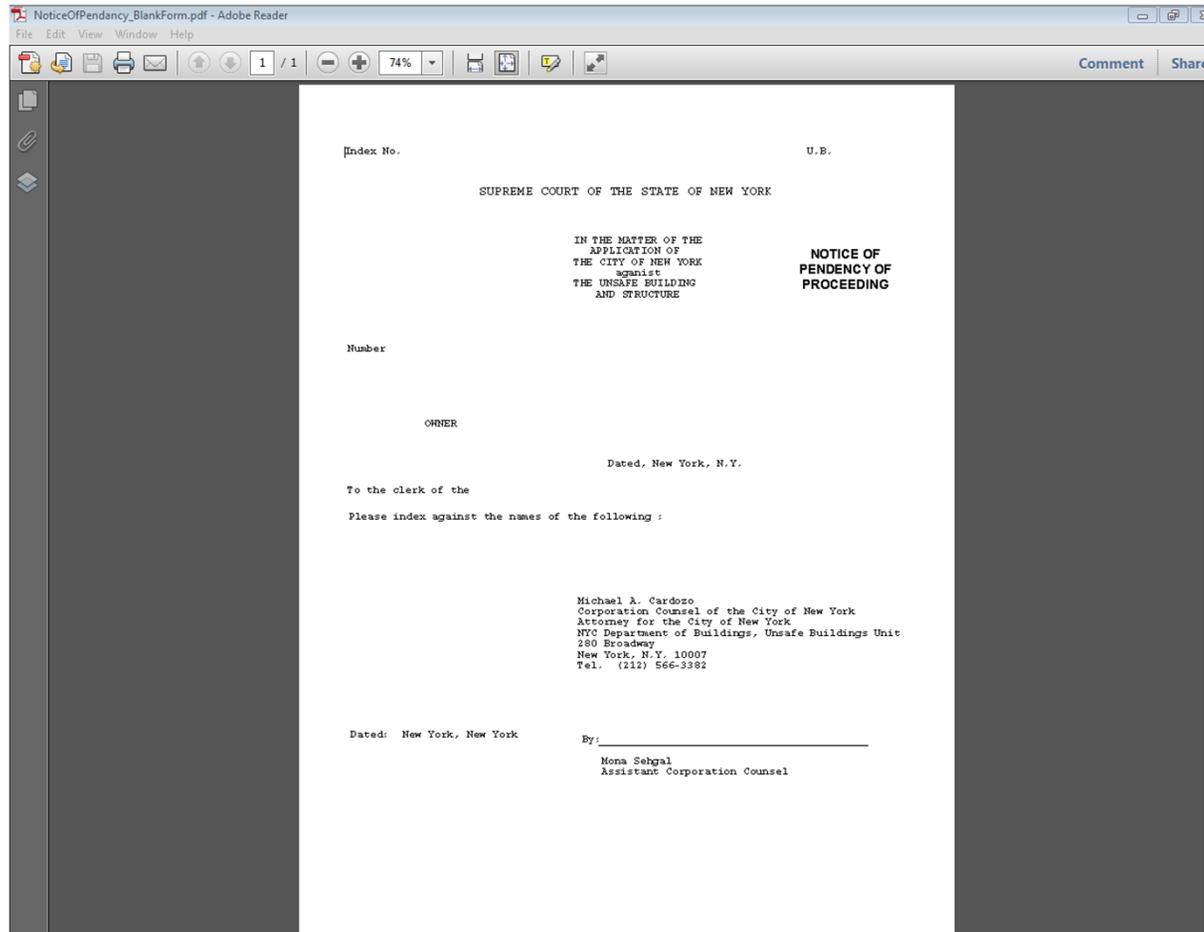
OF

APPLICANT:

Unknown Zone | Protected Mode: Off

8. For dismissal, building must be secured, repaired or demolished
9. Owner (or rep) must schedule re-inspection of building with DOB Borough Construction Unit (provide copy of receipt)
10. Upon inspection, Inspector will dismiss UB violation OR provide information on deficiencies

1. When a case is brought to court, the UB Unit also files a Lis Pendens (notice of pendency) that is recorded against the block and lot at the County Clerk's office
2. To obtain a Cancellation of the Lis Pendens, contact the UB Unit
3. If a court precept was issued AND the City performed work under that precept, money spent must be reimbursed to the City prior to issuance of Cancellation of Lis Pendens



Subsequent to issuance of court order, if owner wishes to perform work and stop the City from performing the work, owner must:

1. Request a HOLD on execution of the precept from the Borough Commissioner
2. Borough Commissioner will determine whether request may be granted and will provide conditions and timeline for work

Thank You!

Emergency Declarations

Martin Rebholz

Borough Commissioner

- The commissioner has the right and the responsibility to act when a structure or part of a structure:
 - Is in imminent danger of collapsing or
 - Delay may cause further danger to public safety

When this condition is observed, an “Emergency Declaration” is issued.

- The DOB commissioner may direct the commissioner of HPD, (or other city agencies) to arrange for the remedial work to abate the emergency condition



Emergency Declaration Sample Document

NYC Buildings **EMERGENCY DECLARATION**

When signed by the Borough Commissioner, this document confirms the declaration of an Emergency condition pursuant to Section 28-215.1 of the NYC Administrative Code.

Immediate Emergency Declaration Emergency Declaration

Premises Information

Premises	Number of Stories			
Borough	Manhattan	Block	Lot	C.B. No.
Occupancy Class	Construction Class	<input type="checkbox"/> Occupied	<input type="checkbox"/> Unoccupied	<input type="checkbox"/> Vacated:

Owner Information

Name				
Address	City	State	Zip	

Condition of Structure and Recommended Remedy

Inspector's Assessment

Inspector _____ inspected this structure on: _____ and PE or RA (if applicable)

_____ inspected on: _____ and requests that the condition stated above be made safe by:

<input type="checkbox"/> Full Demolition	<input type="checkbox"/> Backfill	<input type="checkbox"/> Erect Fence or Sidewalk Shed	<input type="checkbox"/> Other (specified above)
<input type="checkbox"/> Partial Demolition	<input type="checkbox"/> Brace and Shore: Retaining Wall	<input type="checkbox"/> Grade and Fence Site	
<input type="checkbox"/> Seal Building	<input type="checkbox"/> Brace and Shore: Building	<input type="checkbox"/> Repair Fence or Sidewalk Shed	

Date of initial notification to HPD: _____

Authorized Signatures

Processed by: _____ Administrative Chief Inspector Date _____

Reviewed and Approved by: _____ Borough Commissioner Date _____

(OP32) 11/08

Location of premises where the emergency condition was observed.

The owner of the premises

Description of the emergency condition observe

The recommended remedy

Inspector's Assessment

Department Endorsements



They are 2 types of Emergency Declarations.

- Immediate Emergency Declaration (IED)
- Emergency Declaration (ED)

Immediate Emergency Declaration is issued when:

- The Department determines the hazard must be remediated immediately.
- Site conditions show Imminent Peril / Threat to Public Safety
- Remedial work is expected to begin within 24 hours

Emergency Declaration is issued when:

- The Department determines there is serious structural damage or a deteriorated condition that may result in collapse or failure in near future
- Remedial work is expected to begin within 30 to 60 days

- Notice of Unsafe Building
- Peremptory Vacate Order
- Stop Work Order

A Department Inspector may issue an Emergency Declaration when a immediate hazard is observed, such as:

- Loose bricks on Façade
- A leaning chimney
- Loose cornice / Façade details
- Unstable building or building walls
- Deteriorated floor beams
- Unstable excavations

- Remove loose bricks/chimneys/Façade details
- Install side walk shed
- Demolish unstable portion of building
- Temporary stabilization or support

Recommended Remedies are based on the best solution to address the condition as quickly as possible.

- Inspector inspects, prepares and issues the Report of Technical Findings (RTF) and Notice of Violation (NOV)
- The Commissioner and supervisor assess inspectors' RTF
- If the conditions are deemed an emergency (depending on the severity), an IED or ED is issued
- The (IED or ED) is uploaded to the DOB internal database
- DOB must make every effort to notify the owner
 - If owner commences work, DOB will issue "hold" for HPD to suspend action
 - If the owner fails to remediate in a timely fashion, DOB will order HPD to commence work
- HPD is notified by DOB
- HPD prepares to mobilize contractor for remedial work
- HPD also contacts owner to ascertain if owner will commence work
- Upon completion of remedial work DOB will "close" the Emergency Declaration

Each emergency declaration is delivered with a cover letter describing:

- The owners responsibility to remediate
- Action the department will take if the owner does not remediate in a timely fashion
- A copy of the Notice of Violation is included

Upon receipt of Notice of Emergency Declaration, the owner is responsible for the following:

Immediate Emergency Declaration (IED)

- Commence the recommended remedial action immediately
- Request a hold on HPD action from the Buildings Department

Note: If owner fails to take timely action, HPD will commence remediation work using it's own forces. HPD will then back-charge the owner for the cost of remedial work.

There are multiple options for requesting a Hold:

- Owner engages a registered design professional & authorizes remedial work under their supervision
- Owner engages a contractor to commence repairs in a timely manner (i.e. for simple work: e.g. creating a safety zone, removing loose masonry, sealing openings, installing sidewalk shed)
- Owner performs remedial work

Owner must notify buildings department of their intention to remediate without the need for HPD. Initial notification may be done by telephone call to the borough office. Follow up must be in writing.

When notifying in writing the following must be included:

- Name and address
- Description of remedial action
- Timeframe for commencement
- Name of person/contractor who will perform the work
- Name of Registered design professional who will supply design documents and inspect to work (if professional services are required)

Such notification may be supplied by the registered design professional

- If the department is satisfied with the information supplied by the owner, a hold will be authorized.
- The department will issue a 'Hold' letter to the owner and HPD

- The owner must notify the Department of Buildings when the remedial work is complete
- An inspector will verify work is complete
- The buildings department will issue a letter to the owner and HPD indicating that the emergency declaration is rescinded

Thank You!

Records & Records Room Operation

Jamie Maule
Service Manager

- 2008 Construction Code, Administrative Code (AC) Section 28-103.14 requires the Department to keep official records of:
 - Applications received;
 - Permits and certificates issued;
 - Fees collected;
 - Reports of inspections; and
 - Notices and orders issued.
- Past Codes (1968, 1938) had fewer requirements concerning how the records kept

In a Borough Office “Record Room” you may:

- Perform property research
- Obtain microfilm copies and hard copies of microfilmed documents & drawings
- Obtain Job Folders
- Request & review offsite Job folders
- Request drawings and plans from the BSCAN unit

Filing representative and professional ID *must be clear of* any outstanding/missing “permitted” folders

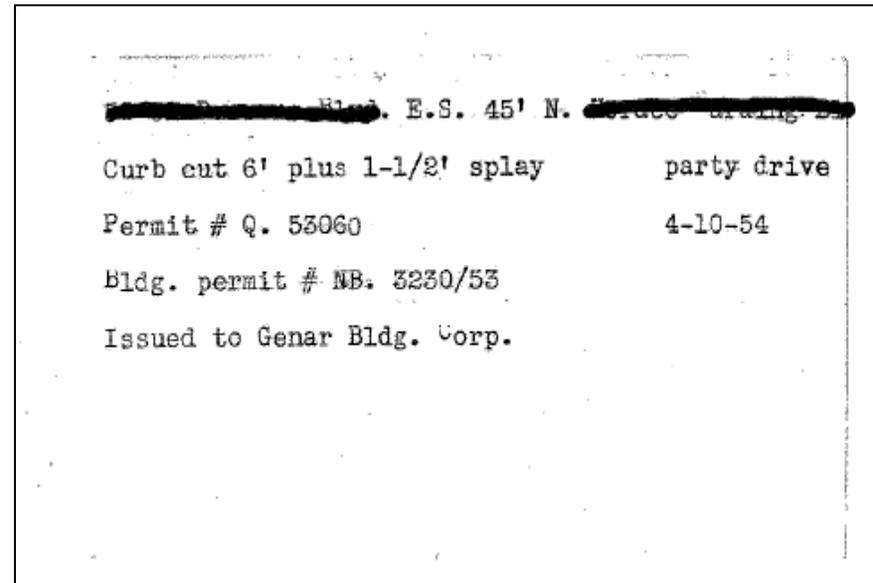
- Information about “sensitive properties” must be requested under the Freedom of Information Act/Law (FOIL)
 - ✓ Sensitive properties - public buildings, a professional league sports stadium, health facilities, etc.
- Requests for records information about sensitive properties must be accompanied by an email approval from the Department’s office of Internal Audits and Discipline (IAD)
 - ✓ IAD approval expires after 30 days

You may research a property to:

- Find building records relevant to a current or past Certificate of Occupancies (CO)
- Find the legal status of a structure
- Find or generate a Letter of No Objection (LNO)
- Find docket books, containing information regarding past violations, applications, etc.
- Find Curb Cut Cards
- Find Index Card records
- Request updates in the Building Information System (BIS)
- Find an Equipment Use Permit (EUP) card.

- The C of O defines the legal use of a structure
- Copies of a C of O may be downloaded online from BIS. If the CO is not available online, you may also go to the borough office and research:
 - Docket books for all pre-BIS filings
 - Index cards (Buildings Department Index Card)
 - Curb cut cards
 - Microfilm records
 - Offsite records, turn around time is several weeks from initial request

- This curb cut card is an example of a pre-BIS system (Pre-1980's) NB job filing
- The Docket Book may indicate a CO



48446

THE CITY OF NEW YORK
BUREAU OF BUILDINGS
BOROUGH OF QUEENS

No. [REDACTED]

PERMIT No. 57934

CERTIFICATE OF OCCUPANCY

ISSUED 12/11/31 TO MARY J. ABLE of
 APARTMENTS SS 206 W. PARSONS BLVD
 in accordance with Chapter 284, Laws of 1916 and Section 5, Art. 1, Chapter 5 of the Code of Ordinances, City of New York.

THIS CERTIFIES that the NEW BUILDING situated on the above mentioned premises has been constructed and conforms substantially to the approved plans and specifications, and to the requirements of all Laws, Rules and Regulations of the Board of Standards and Appeals applicable thereto, and permission is hereby granted for its occupancy for the purpose specified below:

Classification	Construction
TWO DWELLINGS	FRAME

Occupancy	Live Load Per Sq. Ft. in Pounds	Number of Persons
DWELLING	TO	
DWELLING	TO	

Application [REDACTED] 1931

J. Edward McNeill
 Superintendent of Buildings
 Borough of Queens

10,000

THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS
CERTIFICATE OF OCCUPANCY

BOROUGH QUEENS DATE: 7/18/85 NO. Q. 246/84
 ZONING DISTRICT R3-2
 This certificate supersedes C.O. No. _____
 THIS CERTIFIES that the new ~~XXXXXXXXXX~~ building—premises located at
~~XXXXXXXXXX~~ Block ~~XXXXXX~~ Lot 22
 CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE
 LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN.

PERMISSIBLE USE AND OCCUPANCY NB. 246/84

STORY	LEGAL LOAD LBS PER SQ FT	MAXIMUM NO. OF PERSONS PER SQ FT	CONING PERMITS THE NO. OF FLOOR FLOOR	BUILDING CODE LIFE SAFETY RATING	STORY GROUP	BUILDING CODE LIFE SAFETY RATING	DESCRIPTION OF USE
CELLAR	O.G.					D-2	ACCESSORY USES
1st.	50 & 40		TWO	3	2	R-2 J-3	ONE REQUIRED OFF-STREET PARKING SPACE & DWELLING.
2nd.	40		FAM.	4	2	J-3	DWELLING. ONE REQUIRED OFF-STREET PARKING SPACE.

OCCUPANCY BY MORE THAN TWO
 FAMILIES IS UNLAWFUL AND VIOLATES
 THE OTHER LAWS OF THE CITY.

OPEN SPACE USES _____
 (SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
 A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED
 THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
 SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Philip E. ...
 BOROUGH SUPERINTENDENT

...
 COMMISSIONER

ORIGINAL OFFICE COPY—DEPARTMENT OF BUILDINGS COPY

B Form SB-600 (Rev. 1-81)

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS
 BEGINNING at a point on the SOUTHWEST ~~XXXXXX~~
~~XXXXXX~~ corner formed by the intersection of
 and ~~XXXXXXXXXX~~
 running thence _____ feet; thence _____ feet;
 thence S. 100 _____ feet; thence E. 40 _____ feet;
 thence N. 105.36 _____ feet; thence N. 40.49 _____ feet;
 thence _____ feet; thence _____ feet;
 to the point or place of beginning.

N.P. MAPS No. 246/84 DATE OF COMPLETION 6/26/85 CONSTRUCTION CLASSIFICATION IID
 BUILDING OCCUPANCY GROUP CLASSIFICATION J3 HEIGHT 2 STORIES, 20' FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH
 APPLICABLE LAWS.

	YES	NO	NONE	
			YES	NO
STANDPIPE SYSTEM				
YARD HYDRANT SYSTEM				
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM				
SMOKE DETECTOR	X			
FIRE ALARM AND SIGNAL SYSTEM				

STORM DRAINAGE DISCHARGES INTO:
 A) STORM SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM
 SANITARY DRAINAGE DISCHARGES INTO:
 A) SANITARY SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS:
 BOARD OF STANDARDS AND APPEALS CAL. NO. _____
 CITY PLANNING COMMISSION CAL. NO. _____
 OTHER: _____



Certificate of Occupancy

Page 1 of 2

CO Number: _____

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	Borough: Queens	Block Number:	Certificate Type: Final
	Address:	Lot Number(s): 1	Effective Date: 04/12/2013
	Building Identification Number (BIN):	Building Type: Altered	
<i>For zoning lot metes & bounds, please see BISWeb.</i>			
B.	Construction classification: 1-E (1968 Code)		
	Building Occupancy Group classification: C (1968 Code)		
	Multiple Dwelling Law Classification: None		
	No. of stories: 2	Height in feet: 25	No. of dwelling units: 0
C.	Fire Protection Equipment: None associated with this filing.		
D.	Type and number of open spaces: None associated with this filing.		
E.	This Certificate is issued with the following legal limitations: None		
Borough Comments: None			



Borough Commissioner



Commissioner

DOCUMENT CONTINUES ON NEXT PAGE



Certificate of Occupancy

CO Number: _____

Permissible Use and Occupancy

All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.

Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
OS P		OG	C		16a	OPEN SALES OF AUTOMOBILES
001	30	OG	C		16a	AUTO SHOWROOM
002	20	50	C		16a	ACCESSORY OFFICES
END OF SECTION						

- DOB certified copies of the CO are currently available for \$5/per copy
- When a CO is not available, there are other methods available to get property information that are supplemental or in addition to a CO, including:
 - “I-Cards” (Information Cards)
 - Multiple Dwelling (MD) cards that were issued by the NYC Department of Housing, Preservation & Development (HPD).
- If a CO was obtained only from borough office records, the applicant or filing representative should advise the DOB borough staff to upload the CO to BIS

- What is a Letter of No Objection (LNO)?
 - An LNO is another way to describe how the property is being used
 - An LNO is not a substitute for a CO, but is accepted by some government agencies and attorneys, if a CO is not available from DOB records

- The following information is required for LNO application filings:
 - Print the “Property Profile Overview” (PPO), “Actions”, and “Job Filings” screens from BIS
 - Copies of curb cut cards
 - Copies of Docket books for each NB & Alt listed on action screen
 - Copies of Buildings Department Index Cards
 - HPD “I-Card” Information card for 3 family or more
 - Copies of C of O (as appropriate)
- Review microfilm and offsite database for pre-BIS applications, which may not be listed on BIS “Actions” screen
- No LNO will be issued if there is an open NB or Alt 1
- Fire Suppression jobs must be signed off prior to applying for LNO

- Anyone can file for an LNO with the owner's authorization
- There may be minor variations between boroughs in forms, but procedures are essentially the same
- In Queens, you may refer to the Commissioner Compliance Memorandum, at right 

NYC
Buildings
NYC Department of Buildings
280 Broadway, New York, NY 10007
Rick D. Chandler, P.E., Commissioner

Derek Lee, R.A.
Queens Borough Commissioner
120-55 Queens Blvd.
Kew Gardens, NY 11424
Phone: (718) 286-7670

MEMORANDUM

TO: All Applicants and Homeowners
FROM: Derek Lee, R.A.
DATE: July 16, 2012
SUBJECT: **Letter of No Objection**

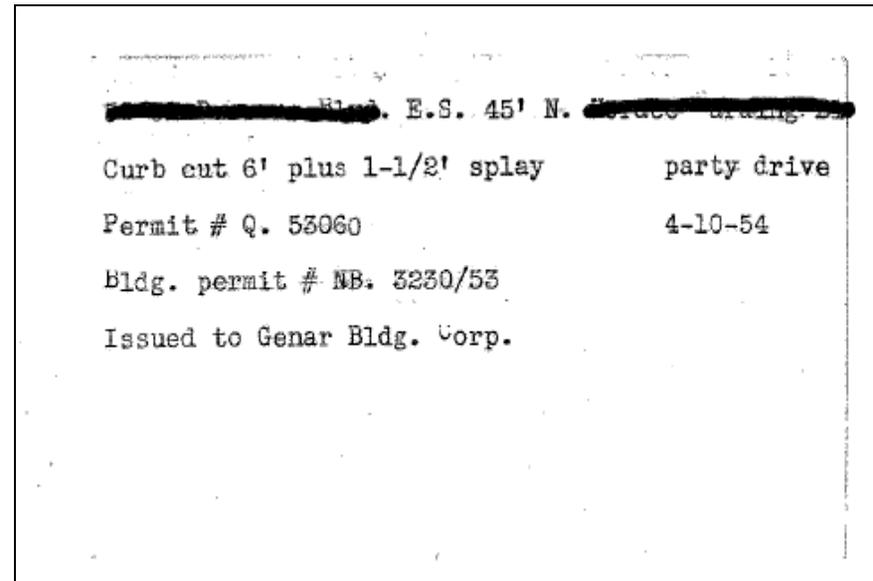
Effective immediately, when requesting a Letter of No Objection and where no records pertaining to the legal use of the property in question are found at the Department of Buildings nor, the Department of Housing and Preservation, the following documentation shall be required.

1. The full historical Sanborn Plate maps.
Note: Sanborn Map Co., Inc.
Phone: 800-265-2322
Website: www.edrnet.com/retailsanborn
2. Department of Finance letter (Property Card) indicating the use of the property on or before 1938.
Note: Department of Finance
Address: 31 Chambers Street
E-Mail: BHibbert@records.nyc.gov
3. A survey of the property.

3b. May accept old survey & photos to clarify "no change of bulk".

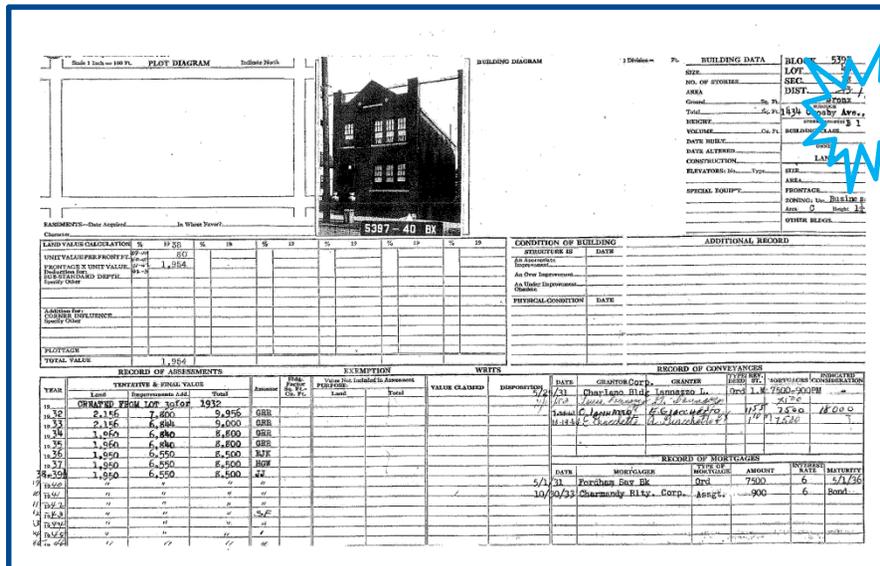
The above three (3) required items are considered as minimum proof to verify the legal use and the condition of the property. All three items must be consistent with each other, otherwise an application shall be filed with the Department to legalize the use or the condition of the property.

- This curb cut card is an example of a pre-BIS system (Pre-1980's) NB job filing
- The Docket Book may indicate a C of O



LNO Supporting Records DOF Records Prior to 1961

- DOF Building Classification Codes
- In this case Code B1 confirmed a two family brick dwelling since 1932



BUILDING DATA

BLDG NO: 537
 LOT: 11
 SEC: 1
 DIST: 11
 AREA: 5,950
 TOTAL: 5,950
 VOLUME: 11,900
 DATE BUILT: 1932
 DATE ALTERED: 1932
 CONSTRUCTION: BRICK
 SPECIAL EQUIP.: NONE

RECORD OF ASSESSMENTS

YEAR	LAND VALUE	IMPROVEMENT VALUE	TOTAL	ASSESSMENT CLASSIFICATION	ASSESSMENT
1932	2,155	7,800	9,955	DBR	
1933	2,155	6,880	9,035	DBR	
1934	1,050	6,880	7,930	DBR	
1935	1,500	6,880	8,380	DBR	
1936	1,500	6,550	8,050	DBR	
1937	1,500	6,550	8,050	DBR	
1938	1,500	6,550	8,050	DBR	

RECORD OF CONVEYANCES

DATE	DEED NO.	GRANTOR	GRANTEE	AMOUNT	REMARKS
5/2/31	31	Charles Blg. Landers, Jr.	James Blg. Landers, Jr.	1,000	1st MORTGAGE
10/10/31	31	James Blg. Landers, Jr.	Charles Blg. Landers, Jr.	1,000	1st MORTGAGE

Building Classification | City of NY DOF

Building Code	Description	Building Code	Description	Building Code	Description
A	ONE FAMILY DWELLINGS	01	GARAGE AND GARAGE STATION	11	ASTHMA
A1	ONE STORY DETACHED	02	GARAGE, HERMETICAL TAX CLASS 1	12	UTILITY COMPANY LAIR AND BUILDING
A2	ONE STORY PERMANENT LIVING QUARTER	03	GARAGE, TWO OR MORE STORES	13	BRIDGE, TUNNEL, HIGHWAY
A3	LARGE SUBURBAN RESIDENCE	04	GARAGE, ONE STORY SEMI-PROOF OR FULL-PROOF	14	CEILING, RAILROAD
A4	CITY RESIDENCE ONE FAMILY	05	GARAGE AND GAS STATION COVERED	15	TELEPHONE UTILITY
A5	ONE FAMILY ATTACHED OR SEMI-DETACHED	06	GAS STATION WITH ONE COVERED WORKSHOP	16	COMMUNICATION FACILITY OTHER THAN TELEPHONE
A6	RAMBLER COTTAGE	07	LOCATED PARKING LOT	17	RAILROAD - TRACK, OVERPASS
A7	WAGON WHEEL OR TOWN HOUSE	08	UNLICENSED PARKING LOT	18	TRANSPORTATION PUBLIC CONVEYANCE
A8	SUNGLASS COLONY, COOPERATIVELY OWNED LANE	09	CHANGING WORKSHOP	19	RECREATIONAL FACILITY
A9	MISCELLANEOUS ONE FAMILY	10	MISCELLANEOUS GARAGE OR USE STATION	20	MISCELLANEOUS UTILITY PROPERTY
B	TWO FAMILY DWELLINGS	11	HOTEL, LUXURY TYPE, BUILDING TO 160	21	UNLICENSED LAIR
B1	TWO FAMILY BRICK	12	HOTEL, LUXURY TYPE, BUILDING TO 160	22	JOINED RESIDENTIAL, NOT MANHATTAN
B2	TWO FAMILY FRAME	13	HOTEL, LUXURY TYPE, BUILDING TO 160	23	JOINED COMMERCIAL OR MANHATTAN RESIDENTIAL
B3	TWO FAMILY CONVERTED FROM ONE FAMILY	14	HOTEL, TRAVELER ACCOMMODATION MOTORWAY MANHATTAN	24	JOINED COMMERCIAL AND MANHATTAN RESIDENTIAL CLASS 1 INCLUDING
B4	MISCELLANEOUS TWO FAMILY	15	HOTEL	25	JOINED MANHATTAN
C	WALK-UP APARTMENTS	16	HOTEL, PRIVATE CLUB, LUXURY TYPE	26	MISCELLANEOUS OFFICE BUILDING
C1	OVER SIX FAMILIES WITHOUT STORES	17	APARTMENT HOTEL	27	OFFICE BUILDING, TOWER TYPE
C2	OVER SIX FAMILIES WITH STORES	18	APARTMENT HOTEL, COOPERATIVELY OWNED	28	OFFICE BUILDING, SEMI-PROOF
C3	OVER SIX FAMILIES WITHOUT STORES	19	DORMITORY	29	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C4	OVER SIX FAMILIES WITH STORES	20	MISCELLANEOUS HOTEL	30	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C5	OVER SIX FAMILIES WITHOUT STORES	21	HOSPITAL AND HEALTH FACILITIES	31	OFFICE BUILDING, 10 STORES - MANHATTAN TYPE
C6	OVER SIX FAMILIES WITH STORES	22	HOSPITAL	32	OFFICE BUILDING, TOWER TYPE
C7	OVER SIX FAMILIES WITHOUT STORES	23	HOSPITAL, MENTAL INSTITUTION	33	OFFICE BUILDING, SEMI-PROOF
C8	OVER SIX FAMILIES WITH STORES	24	HOSPITAL, MENTAL INSTITUTION	34	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C9	OVER SIX FAMILIES WITHOUT STORES	25	HOSPITAL, MENTAL INSTITUTION	35	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C10	OVER SIX FAMILIES WITH STORES	26	HOSPITAL, MENTAL INSTITUTION	36	OFFICE BUILDING, TOWER TYPE
C11	OVER SIX FAMILIES WITHOUT STORES	27	HOSPITAL, MENTAL INSTITUTION	37	OFFICE BUILDING, SEMI-PROOF
C12	OVER SIX FAMILIES WITH STORES	28	HOSPITAL, MENTAL INSTITUTION	38	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C13	OVER SIX FAMILIES WITHOUT STORES	29	HOSPITAL, MENTAL INSTITUTION	39	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C14	OVER SIX FAMILIES WITH STORES	30	HOSPITAL, MENTAL INSTITUTION	40	OFFICE BUILDING, TOWER TYPE
C15	OVER SIX FAMILIES WITHOUT STORES	31	HOSPITAL, MENTAL INSTITUTION	41	OFFICE BUILDING, SEMI-PROOF
C16	OVER SIX FAMILIES WITH STORES	32	HOSPITAL, MENTAL INSTITUTION	42	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C17	OVER SIX FAMILIES WITHOUT STORES	33	HOSPITAL, MENTAL INSTITUTION	43	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C18	OVER SIX FAMILIES WITH STORES	34	HOSPITAL, MENTAL INSTITUTION	44	OFFICE BUILDING, TOWER TYPE
C19	OVER SIX FAMILIES WITHOUT STORES	35	HOSPITAL, MENTAL INSTITUTION	45	OFFICE BUILDING, SEMI-PROOF
C20	OVER SIX FAMILIES WITH STORES	36	HOSPITAL, MENTAL INSTITUTION	46	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C21	OVER SIX FAMILIES WITHOUT STORES	37	HOSPITAL, MENTAL INSTITUTION	47	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C22	OVER SIX FAMILIES WITH STORES	38	HOSPITAL, MENTAL INSTITUTION	48	OFFICE BUILDING, TOWER TYPE
C23	OVER SIX FAMILIES WITHOUT STORES	39	HOSPITAL, MENTAL INSTITUTION	49	OFFICE BUILDING, SEMI-PROOF
C24	OVER SIX FAMILIES WITH STORES	40	HOSPITAL, MENTAL INSTITUTION	50	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C25	OVER SIX FAMILIES WITHOUT STORES	41	HOSPITAL, MENTAL INSTITUTION	51	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C26	OVER SIX FAMILIES WITH STORES	42	HOSPITAL, MENTAL INSTITUTION	52	OFFICE BUILDING, TOWER TYPE
C27	OVER SIX FAMILIES WITHOUT STORES	43	HOSPITAL, MENTAL INSTITUTION	53	OFFICE BUILDING, SEMI-PROOF
C28	OVER SIX FAMILIES WITH STORES	44	HOSPITAL, MENTAL INSTITUTION	54	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C29	OVER SIX FAMILIES WITHOUT STORES	45	HOSPITAL, MENTAL INSTITUTION	55	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C30	OVER SIX FAMILIES WITH STORES	46	HOSPITAL, MENTAL INSTITUTION	56	OFFICE BUILDING, TOWER TYPE
C31	OVER SIX FAMILIES WITHOUT STORES	47	HOSPITAL, MENTAL INSTITUTION	57	OFFICE BUILDING, SEMI-PROOF
C32	OVER SIX FAMILIES WITH STORES	48	HOSPITAL, MENTAL INSTITUTION	58	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C33	OVER SIX FAMILIES WITHOUT STORES	49	HOSPITAL, MENTAL INSTITUTION	59	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C34	OVER SIX FAMILIES WITH STORES	50	HOSPITAL, MENTAL INSTITUTION	60	OFFICE BUILDING, TOWER TYPE
C35	OVER SIX FAMILIES WITHOUT STORES	51	HOSPITAL, MENTAL INSTITUTION	61	OFFICE BUILDING, SEMI-PROOF
C36	OVER SIX FAMILIES WITH STORES	52	HOSPITAL, MENTAL INSTITUTION	62	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C37	OVER SIX FAMILIES WITHOUT STORES	53	HOSPITAL, MENTAL INSTITUTION	63	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C38	OVER SIX FAMILIES WITH STORES	54	HOSPITAL, MENTAL INSTITUTION	64	OFFICE BUILDING, TOWER TYPE
C39	OVER SIX FAMILIES WITHOUT STORES	55	HOSPITAL, MENTAL INSTITUTION	65	OFFICE BUILDING, SEMI-PROOF
C40	OVER SIX FAMILIES WITH STORES	56	HOSPITAL, MENTAL INSTITUTION	66	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C41	OVER SIX FAMILIES WITHOUT STORES	57	HOSPITAL, MENTAL INSTITUTION	67	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C42	OVER SIX FAMILIES WITH STORES	58	HOSPITAL, MENTAL INSTITUTION	68	OFFICE BUILDING, TOWER TYPE
C43	OVER SIX FAMILIES WITHOUT STORES	59	HOSPITAL, MENTAL INSTITUTION	69	OFFICE BUILDING, SEMI-PROOF
C44	OVER SIX FAMILIES WITH STORES	60	HOSPITAL, MENTAL INSTITUTION	70	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C45	OVER SIX FAMILIES WITHOUT STORES	61	HOSPITAL, MENTAL INSTITUTION	71	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C46	OVER SIX FAMILIES WITH STORES	62	HOSPITAL, MENTAL INSTITUTION	72	OFFICE BUILDING, TOWER TYPE
C47	OVER SIX FAMILIES WITHOUT STORES	63	HOSPITAL, MENTAL INSTITUTION	73	OFFICE BUILDING, SEMI-PROOF
C48	OVER SIX FAMILIES WITH STORES	64	HOSPITAL, MENTAL INSTITUTION	74	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C49	OVER SIX FAMILIES WITHOUT STORES	65	HOSPITAL, MENTAL INSTITUTION	75	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C50	OVER SIX FAMILIES WITH STORES	66	HOSPITAL, MENTAL INSTITUTION	76	OFFICE BUILDING, TOWER TYPE
C51	OVER SIX FAMILIES WITHOUT STORES	67	HOSPITAL, MENTAL INSTITUTION	77	OFFICE BUILDING, SEMI-PROOF
C52	OVER SIX FAMILIES WITH STORES	68	HOSPITAL, MENTAL INSTITUTION	78	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C53	OVER SIX FAMILIES WITHOUT STORES	69	HOSPITAL, MENTAL INSTITUTION	79	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C54	OVER SIX FAMILIES WITH STORES	70	HOSPITAL, MENTAL INSTITUTION	80	OFFICE BUILDING, TOWER TYPE
C55	OVER SIX FAMILIES WITHOUT STORES	71	HOSPITAL, MENTAL INSTITUTION	81	OFFICE BUILDING, SEMI-PROOF
C56	OVER SIX FAMILIES WITH STORES	72	HOSPITAL, MENTAL INSTITUTION	82	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C57	OVER SIX FAMILIES WITHOUT STORES	73	HOSPITAL, MENTAL INSTITUTION	83	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C58	OVER SIX FAMILIES WITH STORES	74	HOSPITAL, MENTAL INSTITUTION	84	OFFICE BUILDING, TOWER TYPE
C59	OVER SIX FAMILIES WITHOUT STORES	75	HOSPITAL, MENTAL INSTITUTION	85	OFFICE BUILDING, SEMI-PROOF
C60	OVER SIX FAMILIES WITH STORES	76	HOSPITAL, MENTAL INSTITUTION	86	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C61	OVER SIX FAMILIES WITHOUT STORES	77	HOSPITAL, MENTAL INSTITUTION	87	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C62	OVER SIX FAMILIES WITH STORES	78	HOSPITAL, MENTAL INSTITUTION	88	OFFICE BUILDING, TOWER TYPE
C63	OVER SIX FAMILIES WITHOUT STORES	79	HOSPITAL, MENTAL INSTITUTION	89	OFFICE BUILDING, SEMI-PROOF
C64	OVER SIX FAMILIES WITH STORES	80	HOSPITAL, MENTAL INSTITUTION	90	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C65	OVER SIX FAMILIES WITHOUT STORES	81	HOSPITAL, MENTAL INSTITUTION	91	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C66	OVER SIX FAMILIES WITH STORES	82	HOSPITAL, MENTAL INSTITUTION	92	OFFICE BUILDING, TOWER TYPE
C67	OVER SIX FAMILIES WITHOUT STORES	83	HOSPITAL, MENTAL INSTITUTION	93	OFFICE BUILDING, SEMI-PROOF
C68	OVER SIX FAMILIES WITH STORES	84	HOSPITAL, MENTAL INSTITUTION	94	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C69	OVER SIX FAMILIES WITHOUT STORES	85	HOSPITAL, MENTAL INSTITUTION	95	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C70	OVER SIX FAMILIES WITH STORES	86	HOSPITAL, MENTAL INSTITUTION	96	OFFICE BUILDING, TOWER TYPE
C71	OVER SIX FAMILIES WITHOUT STORES	87	HOSPITAL, MENTAL INSTITUTION	97	OFFICE BUILDING, SEMI-PROOF
C72	OVER SIX FAMILIES WITH STORES	88	HOSPITAL, MENTAL INSTITUTION	98	OFFICE BUILDING, TYPICAL UP TO 3 STORES
C73	OVER SIX FAMILIES WITHOUT STORES	89	HOSPITAL, MENTAL INSTITUTION	99	OFFICE BUILDING, TYPICAL 3-6 STORE STREET TYPE
C74	OVER SIX FAMILIES WITH STORES	90	HOSPITAL, MENTAL INSTITUTION	100	OFFICE BUILDING, TOWER TYPE

- The LNO filing fee must be paid prior to submitting application:
 - 1-2-3 family homes & residential garage is \$25 for each structure
 - 4+ family homes & commercial property is \$100 for each structure
- DOB staff will annotate the following information on the LNO slip issued to customers:
 - LNO application number
 - 15 business days review process
 - 10 business days for review of Resubmittals LNO
 - The property address listed
 - The Record Room phone number
 - The DOB website information

When will an LNO be issued?

- If no C of O is available; and
- The submitted property records are “favorable;” then
- DOB can issue an LNO indicating the legal use of the property

- LNO for two family dwelling
- No C of O was located in DOB records
- DOB records support the current use as a 2-family dwelling and are the overriding criteria.



Robert D. LiMandri
Commissioner

Raymond Plumey, FAIA
Deputy Borough
Commissioner

1932 Arthur Avenue
Bronx ny 10457
www.nyc.gov/buildings
718 579 6931 tel
718 579 6767 fax

February 15, 2011

Applicant: Mr. R
Corona, NY 11308

Owner: Mr.
1
Bronx, NY 10468

Re: 118 1st Street Terrace
Block 3
Bronx

Dear Mr. Ker

This is in response to your request dated January 18, 2011 for a Letter of No Objection (LNO) at 118 1st Street. There is no Certificate of Occupancy for this building. However, other Department of Buildings records from the Block and Lot folder indicate that this was one of the four new buildings per NB 888 of 1909, the corner lot with a two families, and the interior lots with one family each; the slip alteration 152 of 1933 confirms for the corner lot a 2 families building. In addition, the Department of Finance indicates a 2 family dwelling under code B1.

Therefore, the Department of Buildings has **no objection** to a 2 family dwelling at **118 West**

If this building is hereafter altered or its use changes an application for such alteration work or change of use must be filed and a Certificate of Occupancy shall be issued pursuant to the NYC administrative construction codes Chapter 1, Article 118.

I trust this information has been of assistance to you.

Sincerely,

Raymond Plumey, FAIA
Deputy Borough Commissioner

The following additional information is required when requesting an LNO for buildings with Children-related special occupancy, with or without a C of O:

- Hours and/ or dates of operation, number of children per each age group (under and over 2 years old)
- Layout drawing with floor location, exits and accessory spaces
- A DOB mandatory Field Inspection & report

Examples of buildings with children-related special occupancy include:

- Group family daycare homes
- Family day care homes
- Schools
- After school programs
- Day & summer camps

- Microfilm / Microfiche requests can be submitted for plans, application filings, surveys, etc.
- To request a Microfiche, complete the Record Request form:
 - Check the “Microfilm” box
 - Fill in the BLOCK/LOT numbers
 - When possible, include the application number(s)
 - If the property was previously known with a different block/lot number, please include this
 - Limit one Q-Matic ticket per request form
- There are no Microfiche copies for BSCAN Jobs (Jobs after 2009)

*Microfiche and job folders **cannot** be listed on the same Record Request form*

VGB 05-196904-A W 257103



RECORD REQUEST
Record Division

DOB Card or Temp Card No. _____ Date: _____

Please print your first and last name

**Please print all information in the areas below.
 Choose the appropriate service options:**
PICK-UP **UPDATE**

Please be advised that folders can be only viewed at the window with staff supervision.

Folder	Microfilm	Record Number	Block/lot
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. _____	_____

For Office Use Only

1. Found Not in File

2. Found Not in File

3. Found Not in File

4. Found Not in File

5. Found Not in File

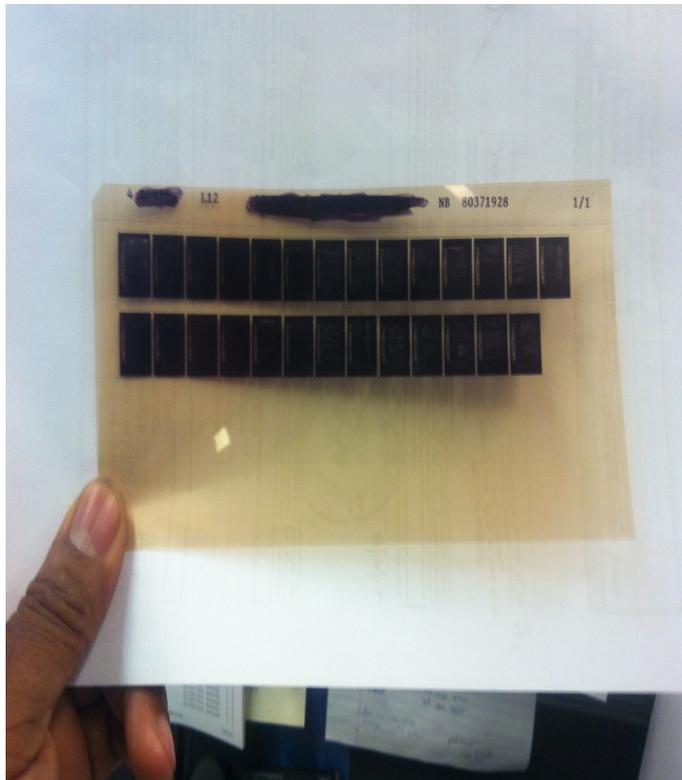
I understand that any person found removing records from the jurisdiction of the Department will be prosecuted to the full extent of the law.

Signature: _____

DOB Date Stamp & Clerk's Initials

- 11+ microfiche cost 25 cents per “fiche strip”
- A fiche strip contains a series of drawings and documents that can be viewed on the Microfiche viewer
 - There is a viewer located in each borough office in the Public Access Area
 - There are also viewers with photocopying ability in each borough office, which can produce small (standard letter) size copies
- Customers may purchase a Jamex Card for the amount needed for small (standard letter) size blowback copies. Each small blowback copy costs 25 cents per page
- Blowback copies of microfiche drawings & documents that are in excess of the small (standard letter) size are available at \$8 per page
- Additional copies in the same request of the same microfiche drawing/document are \$5 per page

- The microfiche sheet (below) is placed under the glass of the viewer (to the right) for review



Complete the Record Request form with Job Number and check the box “ folder”

- **Permit folders** are recorded in the Expeditor Retention database with Filing Representatives / Professionals DOB ID.
- Records of all **Approved and Disapproved** folders are recorded in the borough office including, which customers (applicant, filing representative) has the folder and when it was pulled
- Contents of “non-permit” folders may be given to the customers

*Microfiche and job folders **cannot** be listed on the same Record Request form*

VG# 05-196904-A
W-257103



RECORD REQUEST
Record Division

DOB Card or Temp Card No.	Date:
Please print your first and last name	

Please print all information in the areas below.
Choose the appropriate service options:
PICK-UP **UPDATE**

Please be advised that folders can be only viewed at the window with staff supervision.

Folder	Microfilm	Record Number	Block/lot
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. _____	_____

For Office Use Only

1. <input type="checkbox"/> Found	<input type="checkbox"/> Not in File
2. <input type="checkbox"/> Found	<input type="checkbox"/> Not in File
3. <input type="checkbox"/> Found	<input type="checkbox"/> Not in File
4. <input type="checkbox"/> Found	<input type="checkbox"/> Not in File
5. <input type="checkbox"/> Found	<input type="checkbox"/> Not in File

I understand that any person found removing records from the jurisdiction of the Department will be prosecuted to the full extent of the law.

Signature: _____

DOB Date Stamp & Clerk's Initials

The Additional Search form (10 business days) can be used if:

- The job folder is not immediately available or cannot be readily found
- The job folder is located in DOB offsite storage
- Information requested is in a pre-BIS job folder or a Block/Lot folder
- The form is signed by the designated DOB records room staff person and a copy is provided to the customer as a receipt

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

ADDITIONAL SEARCH FORM

BOROUGH OFFICE/RECORD DIVISION: _____

Please print the required information very clearly.

Type of record microfilm folder

Record Number: _____

Address: _____

Please check only one:

- I would like an additional search for the record.
- I would like to duplicate the records listed.
- Other: _____

Department of Buildings Identification Number: _____

Name: _____

Telephone Number: _____

Comments: _____

Record Clerk Initials: _____
(Please make a copy of the submitted "Additional Search" and Additional Information sheets and give to requester)

FOR DOB USE ONLY. DO NOT WRITE IN THIS BOX

build safe | live safe

1. The BSCAN section in Queens is open on Wednesday from 10:00 am to 12:00 noon
2. The BSCAN unit scans documents and plans for applications from 2009 and later
 - For example in Queens, BIS Job numbers start with “420” (documents and plans) and “410” (documents only)
3. Applicants or filing representatives cannot submit documents or plans directly to the BSCAN unit.
4. When submitting application documentation:
 - Filing Representatives need to provide three sets of plans when filing
 - One set of plans will remain in the BSCAN unit for scanning (DOB copy)
 - The other two sets of plans will remain in the job folder for the applicant, filing representative, etc.
 - The documents filed are scanned and available online for public review in the “virtual folder” in BIS under the application number
5. The BSCAN unit will charge a fee of \$8 per copy of any scanned drawing, or other document that is not in the virtual folder

Thank You!