



**PW1B: Schedule B**  
**Plumbing, Sprinkler, Standpipe**  
*Must be typewritten.*

Orient and affix BIS job number label here

Page 1 of \_\_\_\_\_

**1 Location Information** *Required for all applications.*

House No(s)	Street Name			
Borough	Block	Lot	BIN	CB No.
Work on Floor(s)				

**2 Work Type Information** *Required for all applications. Select all that apply.* Filing components/fixtures?  Yes  No

<input type="checkbox"/> Plumbing - PL	<input type="checkbox"/> Sprinkler - SP	<input type="checkbox"/> Standpipe - SD
Cost: \$ _____	Cost: \$ _____	Cost: \$ _____
Total sprinkler heads in 8B: _____	Total sprinkler heads in 8A: _____	
To remove violation(s): 1) _____	To remove violation(s): 1) _____	To remove violation(s): 1) _____
2) _____	2) _____	2) _____

**3 Drainage Information**

Storm Drainage Discharges into: <i>select one.</i>			Sanitary Drainage Discharges into: <i>select one.</i>		
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Combined Sewer	<input type="checkbox"/> Private Disposal	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Combined Sewer	<input type="checkbox"/> Private Disposal

**4 Sewer Work** *Select all that apply.*

HCP-1/HCP-2       Site Connection       Septic Tank

**5 Cap / Remove / Replace / Relocate Components** *If this section is completed, components are required.*

Cap or Remove      *Describe all:* \_\_\_\_\_       Replace or Relocate      *Describe all:* \_\_\_\_\_

**6 Gas and Gas Equipment Data**

Gas piping involved?  Yes  No      *Describe gas fired equipment:* \_\_\_\_\_

Total	Location(s), floor/apt. - list all that apply:
Meters total: _____	_____
Risers total: _____	_____
Gas Usage: <input type="checkbox"/> Heat <input type="checkbox"/> Dryer <input type="checkbox"/> Water Heater <input type="checkbox"/> Tankless Coil	
<input type="checkbox"/> HVAC <input type="checkbox"/> Cooking <input type="checkbox"/> Fire Place <input type="checkbox"/> Boiler Pilot for Oil Burner	
<input type="checkbox"/> Other: _____	

**7 Applicant's Statements and Signatures** *Required for all applications.*

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.

Name (please print)	
Signature	Date
P.E. / R.A. Seal <i>(apply seal, then sign and date over seal)</i>	

**8 Equipment Information** *For new work only.*

System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping											
8A Sprinkler (SP)  <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry												
	P* Sprinkler Piping - Wet												
	E* Dry Pipe Valve												
	E* Booster Pump - SP												
	F Floor/Riser Control Valve												
	F Siamese FDC												
	F Sprinkler Heads												
	F Sprinkler Heads over 999												
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)												
8C Fire Standpipe (SD)	P* Standpipe Piping												
	E* Fire Pump												
	E* Special Service Fire Pump												
	F Floor/Riser Control Valve												
	F Hose Cabinet/Rack/Valve												
	F Siamese FDC												
8D Water/San. (PL)	P* Sanitary Piping (Soil & Venting)												
	P* Water Piping												
	P Water Service Piping												
	E Sewer Ejection Pump												
	E Submeters												
	F Bathtubs/Whirlpools/Hot Tub/Sauna												
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain												
	F Grease Trap/Oil Separator/GRD												
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)												
	F Laundry - Standpipe												
	F Pool												
	F RPZ/Backflow Preventer (Primary)												
	F RPZ/Backflow Preventer (Secondary)												
	F Sink - Non Residential												
	F Sink - Residential												
	F Stall Shower												
	F Tankless Coil												
	F Toilet (Water Closet)												
	F Urinal												
	F Washing Machine												
F Water Heater (Non-Gas)													
8E Storm (PL)	P* Storm Drainage Piping												
	E Sump Pump												
	F Area/Yard Drain												
	F Detention Tank												
	F Dry Well/Retention												
	F Roof Drain												
8F Gas (PL)	P* Gas Piping												
	E Emergency Shut-off Valve												
	E* Fire Suppression Shut-off Valve												
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)												
	F Cooking Equipment (residential)												
	F Gas Boiler (<350K, non-comm,<6 family)												
	F Gas Burner												
	F Gas Dryer												
	F Gas Furnace												
	F Gas Meter												
	F Gas Water Heater												
8G Medical (PL)	P* Medical Gas Piping												
	E Assorted Medical Equipment												

\*\* Must be off domestic.

\* Indicates test *may* be required.