



Waterfront Permits Unit

Intake Checklist ver. Jan 2017

Please staple
your business
card here

Additional Information may be required as per PW1, PC1 and Plan Exam
Intakes by Appointment via nyc.gov/waterfrontpermits

| | | | | | |
|---|--|--|------------------|---|--|
| A. SBS Application Number: | | Filing date: | Pre-Filing Date: | | |
| | | Delivered by: | Received by: | | |
| B. Project Description: | | Owner: | | | |
| Project Location: | | Name of Contact: | | | |
| Borough: Block: Lot: Zip: | | Phone: | | | |
| | | Email: | | | |
| C. Payment Details Issue check to NYC Dept. of Small Business Services Check#: _____ Amount: \$ _____ | | | | | |
| D. FDNY Coordinated Review | | E. DOB Coordinated Review | | F. File Directly with DOB | |
| Requires SBS Transmittal, TM1, \$420 Fee payable to FDNY. Additional 11x17" Set Required <input type="checkbox"/> FS Fuel Storage <input type="checkbox"/> SD Standpipe <input type="checkbox"/> SP Sprinkler <input type="checkbox"/> FA Fire Alarm Detection System <input type="checkbox"/> FP Fire Suppression <input type="checkbox"/> Hydrants <input type="checkbox"/> Fire Protection Plan <input type="checkbox"/> ARC <input type="checkbox"/> Fuel Gas Piping <input type="checkbox"/> Marine and Emergency Access Plan <input type="checkbox"/> Others Specify: _____ | | Requires SBS Transmittal <input type="checkbox"/> Demolition <input type="checkbox"/> Excavation <input type="checkbox"/> CCD1 Review | | <input type="radio"/> BPP <input type="radio"/> Boilers <input type="radio"/> Electrical Work <input type="radio"/> Cranes on Land <input type="radio"/> Scaffolding <input type="radio"/> Elevators <input type="radio"/> Sidewalk Sheds | |
| G. Application Type | | | | | |
| <input type="checkbox"/> New Application | | <input type="checkbox"/> PW1 <input type="checkbox"/> PW3 <input type="checkbox"/> PC1 <input type="checkbox"/> POC1 <input type="checkbox"/> PW1A <input type="checkbox"/> PW1B <input type="checkbox"/> PD1 <input type="checkbox"/> TR1 Design Applicant 3A <input type="checkbox"/> TR8 <input type="checkbox"/> DEC <input type="checkbox"/> ACOE <input type="checkbox"/> PDC <input type="checkbox"/> Fee/Waiver Letter <input type="checkbox"/> Demolition <input type="checkbox"/> Survey NAVD88 <input type="checkbox"/> DOF Tax Map <input type="checkbox"/> DS1 <input type="checkbox"/> Total Sets of Drawings___ Specify#: (___ - 11x17") (___ - 18x24") (___ - 24x36") | | | |
| <input type="checkbox"/> Post Approval Amendment | | <input type="checkbox"/> AI1 <input type="checkbox"/> All applicable requirements for New Application <input type="checkbox"/> Fee \$200 | | | |
| <input type="checkbox"/> Work Permit | | Application Acceptance date _____ <input type="checkbox"/> PW2 4A by DOB Registered Contractor <input type="checkbox"/> Contractor's Means and Methods <input type="checkbox"/> Cranes Notification Form <input type="checkbox"/> Sequence of Operations <input type="checkbox"/> ACORD Contractor's Certificate of Insurance City of New York as Additional Insured <input type="checkbox"/> TR1 Special Inspections Applicant 3B <input type="checkbox"/> Applicable Marine Insurance | | | |
| <input type="checkbox"/> Work Permit Renewal | | <input type="checkbox"/> PW2 4A by DOB Registered Contractor <input type="checkbox"/> Applicable Marine Insurance <input type="checkbox"/> Fee \$100 <input type="checkbox"/> ACORD Contractor's Certificate of Insurance City of New York as Additional Insured | | | |
| <input type="checkbox"/> After Hour Variance | | <input type="checkbox"/> PW5 <input type="checkbox"/> Valid Work Permit <input type="checkbox"/> Applicable Fee | | | |
| <input type="checkbox"/> Gas Card | | <input type="checkbox"/> Request Letter <input type="checkbox"/> Master Plumber's Self-Certification of Gas Test <input type="checkbox"/> OP98 | | | |
| <input type="checkbox"/> Equipment Use Permit | | <input type="checkbox"/> Request Letter <input type="checkbox"/> WFU6 <input type="checkbox"/> Copy of Accepted drawings 11x17" | | | |
| <input type="checkbox"/> Notice of Completion(NOC)/Temp. | | <input type="checkbox"/> Request Letter <input type="checkbox"/> WFU5 <input type="checkbox"/> TR1 3C <input type="checkbox"/> FDNY and/or Applicable Linked Inspections | | | |
| <input type="checkbox"/> Certificate of Completion(COC)/Temp. | | <input type="checkbox"/> Request Letter <input type="checkbox"/> WFU8 <input type="checkbox"/> TR1 3C <input type="checkbox"/> PW1A <input type="checkbox"/> FDNY and/or Applicable Linked Inspections <input type="checkbox"/> Final Survey | | | |
| <input type="checkbox"/> Renewal of TNOC/TCOC | | <input type="checkbox"/> Request Letter <input type="checkbox"/> Fee \$100 | | | |
| <input type="checkbox"/> Place of Assembly Certificate of Operation | | <input type="checkbox"/> PA1 <input type="checkbox"/> POC <input type="checkbox"/> Copy of NOC/COC <input type="checkbox"/> Fee \$200 <input type="checkbox"/> 3 Sets of Drawings Specify#: (___ - 11x17") (___ - 18x24") (___ - 24x36") | | | |
| <input type="checkbox"/> Temporary Place of Assembly | | <input type="checkbox"/> Owner's Letter <input type="checkbox"/> Event Contact Information <input type="checkbox"/> Fee \$250 <input type="checkbox"/> PDF Drawings Electronic <input type="checkbox"/> 3 Sets of Drawings Specify#: (___ - 11x17") (___ - 18x24") (___ - 24x36") | | | |
| <input type="checkbox"/> Record Search <input type="checkbox"/> Construction Code Determination <input type="checkbox"/> LNO Request | | <input type="checkbox"/> Request Letter <input type="checkbox"/> All applicable requirements for New Application | | | |
| <input type="checkbox"/> Additional Documents | | | | | |
| SBS Office Use Only | | | | | |