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NYC Department of Buildings
Work Permit Data

Premises: 761 5 AVENUE MANHATTAN
BIN: [1036082](#) Block: 1294 Lot: 1

Filed At: 767 5TH AVENUE MANHATTAN
Job Type: A2 - ALTERATION TYPE 2

[Printable \(PDF\) version of this Permit](#)

Job No: 120716225	Fee: STANDARD
Permit No: 120716225-01-EW-OT	Expires: 11/01/2011
Seq. No.: 01	Status: ISSUED
Work:	Work Approved: 06/07/2011

ALTERATION TYPE 2 - ARCH

REMOVE & REINSTALL GLASS CUBE AT PLAZA. REMOVE BOLLARDS & INSTALL NEW PAVERS AT CUBE PERIMETER AS SHOWN ON DRAWINGS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Use: E - BUSINESS	Landmark: NO	Stories: 50
Site Fill: NOT APPLICABLE		
Review is requested under Building Code: 1968		

Adding more than three stories: No
Removing one or more stories: No
Performing work in 50% or more of the area of the building: No
Demolishing 50% or more of the area of the building: No
Performing a vertical or horizontal enlargement adding more than 25% of the area of the building: No
Mechanical equipment other than handheld devices to be used for demolition or removal of debris to be used: No

Approved work includes concrete: Yes
Concrete work has been completed: No
Requesting concrete exclusion now: No
Work includes 2,000 cubic yards or more of concrete: No

Issued to: ROBERT GOEMAAT

**GENERAL
CONTRACTOR - [0008569-GC](#)
REGISTERED:**

Business: SHAWMUT WOODWORKING & SUP
560 HARRISON AVE BOSTON MA 02118

Phone: 617-622-7000

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application
Must be typewritten.



1 Location Information Required for all applications.

House No(s) 767 Street Name 5TH AVENUE
Borough MANHATTAN Block 01294 Lot 00001 BIN 1036082 C.B. No. 105
Work on Floor(s) 1 Apt. / Condo No(s)

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.

Last Name JACKSON First Name JON Middle Initial
Business Name BOHLIN CYWINSKI JACKSON Business Telephone (415) 989-2100
Business Address 49 GEARY STREET, SUITE 300 Business Fax (415) 989-2101
City SAN FRANCISCO State CA Zip 94108 Mobile Telephone
E-Mail License Number 028735
Choose one: [] P.E. [x] R.A. [] Sign Hanger [] Other, please specify:

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.

Last Name JACKIER/MCPHERSON First Name PHILLIP/YVETTE Middle Initial
Business Name JEROME S GILLMAN CONSULTING Business Telephone (212) 349-9304
Business Address 40 WORTH ST, SUITE 1630 Business Fax (212) 349-9346
City NEW YORK State NY Zip 10013 Mobile Telephone
E-Mail PHILLIP@JEROMESGILLMAN.COM Registration Number

4 Filing Status Required for all applications. Choose one and provide specified associated information.

[x] Initial Filing 5, 7, 11, 12A, 25-26 [] Prior to Approval Actions 25-26 [] Reinstatement 24-26
Review is requested under which Building Code? [] Amend Existing Filing 4A [] Withdrawal 26
[] 2008 [x] 1968 [] Prior to 1968 [] Subsequent Filing 6-7, 8A (Alt-2 only), 11 [] Specified in 4A and 6
Choose [] Standard Plan Examination or Review [] Post Approval Amendment (PAA) 4A, 6, 24-25 [] Entire Job
one: [x] Professional Certification PC1, POC1 Will PAA affect filing fees? [] Yes [] No 4A Indicate existing document number
[] Professional Cert. of Objections A11 [] New (Superseding) Applicant 4A, 25-26 affected by filing:

5 Job/Project Types Choose one and provide specified associated information.

[] Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & [] Alteration Type 1, OT: "No Work" 8C, 9-10 & [] Full Demolition 6B, 8D, 9B-D, &
18-20, 22, PW1A, PD1, select all that apply: 12, 13C-F, 14, 18-19, 22, PW1A, PD1 13D-E, 14, 21A, 22
[] Change in Exits [x] Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & [] Sign 5A, 6B-D, 9B, 22-23
[] Change in Number of Stories 13C-E, 14, 20, 22 [] Subdivision 9B, 12A-B
[] Change in Number of Dwelling Units [] Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 [] Condominium [] Improved 17
[] Change in Occupancy / Use [] New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E 5A Directive 14 acceptance requested?
[] Change inconsistent with current Cert. of Occup. (13B: 2008 Code only), 14, 18-20, PW1A, PD1 [x] Yes [] No

6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 Initial applications.

6A [] BL - Boiler PW1C [] FS - Fuel Storage PW1C [] PL - Plumbing PW1B 6E [] CC - Curb Cut 16
[] FA - Fire Alarm [] FP - Fire Suppression [] SD - Standpipe PW1B 6F [] OT/ANT - Antenna
[] FB - Fuel Burning PW1C [] MH - Mechanical [] SP - Sprinkler PW1B [] OT/BPP - Builders Pavement Plan 8D
6B [] EQ - Construction Equipment 15 6C [] OT/GC - General Construction 6D [x] OT - Other, describe: ARCH [] OT/FPP - Fire Protection Plan
[] OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000426277-000020
User Ref ID: 25051AR
PROFESSIONAL CERTIFICATION
DEPARTMENT OF BUILDINGS
01/11

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

- AR - Architectural BP - BPP Checklist DM - Demolition (Full/Partial) EN - Energy Analysis FO - Foundation or NP - No Plans
- ME - Mechanical OT - Other PL - Plumbing ST - Structural ZO - Zoning

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$
	OT	312375					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: _____ linear ft.
							<input type="checkbox"/> Yes 12, PD1	8E Height: _____ ft. Width: _____ ft.
							<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
							Additional Construction Floor Area:	Project lead job no.
8G Total Construction Floor Area: _____ sq. ft.								

9 Additional Considerations, Limitations or Restrictions

<p>Yes No</p> <p>9A <input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i></p> <p>9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued</p> <p>9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i></p> <p>9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems</p> <p>9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work</p> <p>9L <input checked="" type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]</p> <p>9M CRFN(s) <i>Restrictive Declaration / Easement (max. 4):</i></p> <p>9N CRFN(s) <i>Zoning Exhibit (I, II, III, etc. - max. 4):</i></p>	<p>Yes No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Landmark</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project</p>	<p>9F Structural Peer Reviewer License No. _____ P.E.</p> <p>9G Local Law No(s) _____ Year _____</p> <p>9H Violation No(s) _____</p> <p>9I BSA Calendar No(s) _____</p> <p>9J CPC Calendar No(s) _____</p> <p>9K High-Rise Team Tracking Number: _____</p>
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10 NYCECC Compliance *New York City Energy Conservation Code*

To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*

Energy analysis is on another job number: _____

Yes No

This application is, or is part of, a project that utilizes trade-offs among different major systems

This application utilizes trade-offs within a single major system

To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*

The work is an alteration of a State or National historic building.

The scope of work is entirely in a "low-energy building" and is limited to the building envelope.

The scope of work does not affect the energy use of the building.

This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description **11A Related DOB Job Numbers**

REMOVE & REINSTALL GLASS CUBE AT PLAZA. REMOVE BOLLARDS & INSTALL NEW PAVERS AT CUBE PERIMETER AS SHOWN ON DRAWINGS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11B Primary application job no. _____

DOB Reference Number: T00000426277-000020
User Ref ID: 25051AR

12 Zoning Characteristics

12A District(s) C5 - 3 , C5 - 2 . 5
 Overlay(s)
 Special Dist. (s) MID
 Map Number 8C

12B Street legal width: _____ ft.
 Street Status: Public Private
 If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
	sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
	sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
	sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
	sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
	sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
	sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.
Proposed Totals	sq. ft.			If yes, no. of parking spaces: _____	
Existing Total	sq. ft.			Perimeter Wall Height _____ ft.	

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.

13A Primary structural system, choose one: Masonry Concrete (CIP) Concrete (Precast) Wood Steel (Structural) Steel (Cold-Formed) Steel (Encased in Concrete)

13B	Existing	Proposed	13D Building Type:
Structural Occupancy Category			<input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other
Seismic Design Category			Mixed use building?† <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13C Occupancy Classification*	B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2008 Code Designations?
Construction Classification	1-B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2008 Code Designations?
Multiple Dwelling Classification			

13E

	Existing	Proposed
Building Height	681 ft.	
Building Stories	50	
Dwelling Units		

13F Building was originally erected pursuant to which Building Code: 2008 1968 Prior to 1968
 The earliest Code with which this building, or any part of it is required to comply: 2008 1968 Prior to 1968

14 Fill Choose one.

Not Applicable On-Site Off-Site Under 300 cubic yards

15 Construction Equipment

Chute Sidewalk Shed Fence Supported Scaffold Other: _____
 Construction Material: _____
 Size: _____ linear ft. BSA/MEA Approval No. _____

16 Curb Cut Description

Size of cut (with plays): _____ ft.
 Distance to nearest corner: _____ ft.
 to street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reappportioned (if applicable):

 Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

	Existing	Proposed
	Yes	No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

	Existing	Proposed		Existing	Proposed
	sq. ft.	sq. ft.		sq. ft.	sq. ft.
Plaza Area			Arcade Area		
Parking Area			Parking Spaces		
Loading Berths			Loading Berths		

20 Site Characteristics

Yes No

Tidal / Fresh Water Wetlands
 Urban Renewal
 Fire District
 Flood Hazard Area

DOB Reference Number: T00000426277-000020
 User Ref ID: 25051AR
 PROFESSIONAL CERTIFICATE
 DEPARTMENT OF BUILDINGS
 01/11

21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

21A Demo. filing is for a secondary structure? *If yes, specify structure being demolished:*

Mechanical means* from out of building? *If yes, mechanical means will demolish:* entire structure or part of structure

Mechanical means* from within building? *If yes, describe equipment proposed:*

21B Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).

The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP.

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)).

23 Sign

Purpose:	Type:	Estimated Cost: \$	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 23A	Total Square Feet: _____	Yes No
<input type="checkbox"/> Non-Advertising	<input type="checkbox"/> Non-Illuminated	Height above Curb: _____ ft. in.	<input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i>
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall	Height above Roof: _____ ft. in.		23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?
Yes No			23C Sign wording. <i>If extensive, provide only key wording.</i>
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in.			23D Distance from Arterial Highway: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>			23E Distance from Park 1/2 acre or more: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>			23F OAC Sign Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>			23G OAC Registration Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>			

→ *If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F*

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

25 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the corporation and violation required under the provisions of this code or of a rule of any agency. I may be barred from filing further applications or documents with the Department of Buildings in the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. (check here if except as specified in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supporting schedules submitted.)

Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

Yes No

For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print) _____

JON JACKSON 028735-1 4/5/11

Signature _____ Date _____

P.E. / R.A. Seal (apply seal, then sign and date over seal)

26 Property Owner's Statements and Signatures

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

- Fee Deferred Request Statement**
I hereby request a fee deferral for the work proposed on this application and understand that **all fees must be paid before issuance of any Certificate of Occupancy or job sign off.**
- Fee Exemption Request Statement**
In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
- Owner's Certifications Regarding Occupied Housing**
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.
- The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. *If yes, select one of the following:*
 - The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
 - The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
Provide date DHCR notified:
- Owner's Certification for Adult Establishments**
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.
- Owner's Certification for Directive 14 Applications (if applicable)**
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: Individual DCAS HHC NYCHA
 Partnership DOE HPD NYS
 Corporation 26A Other Government
 Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? Yes No

Name (please print): **ROBERT SCHUBERT**

Relationship to Owner: **SEN VP OF CONST**


Business Name/Agency: **BOSTON PROPERTIES-LEXINGTON AVE**

Street Address: **599 LEXINGTON AVENUE, SUITE 1800**

City: **NEW YORK** State: **NY** Zip: **10022**

Telephone Number: **(212) 326-4055** Fax: **(212) 326-4050**

E-Mail Address: **RSCHUBERT@BOSTONPROPERTIES.COM**

Signature and Date 

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print): **ROBERT E SELSAN**


Title: **.**

Street Address: **90 CHURCH STREET, 7TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10007**

Telephone Number: **(212) 748-7844** Fax: **.**

E-Mail Address: **.**

Signature and Date* 

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print): **.**

Relationship to Owner: **.**

Business Name/Agency: **.**

Street Address: **.**

City: **.** State: **.** Zip: **.**

Telephone Number: **.** Fax: **.**

E-Mail Address: **.**

Internal Use Only	
Pre-Filer Name:	
Pre-Filer Signature:	Date:
Cost Estimate: \$	
Amount Due: \$	Verified by ▼ Date ▼
Initial Amount Paid: \$	
Balance Due: \$	
Stamps, Certifications and Notes:	



PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) **767** Street Name **5TH AVENUE**

Borough **MANHATTAN** Block **01294** Lot **00001** BIN **1036082** C.B. No. **105**

Work on Floor(s) **1** Apt. / Condo No(s)

2 Applicant Information *Required for all applications. Fax, mobile telephone and e-mail address are optional information.*

Last Name **OPPENHEIMER** First Name **NATHANIEL** Middle Initial

Business Name **ROBERT SILMAN ASSOCIATES** Business Telephone **(212) 620-7970**

Business Address **88 UNIVERSITY PLACE** Business Fax **(212) 620-8157**

City **NEW YORK** State **NY** Zip **10003** Mobile Telephone

E-Mail License Number **069888**

Choose one: P.E. R.A. Sign Hanger Other, please specify:

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

Last Name **JACKIER/MCPHERSON** First Name **PHILLIP/YVETTE** Middle Initial

Business Name **JEROME S GILLMAN CONSULTING** Business Telephone **(212) 349-9304**

Business Address **40 WORTH ST, SUITE 1630** Business Fax **(212) 349-9346**

City **NEW YORK** State **NY** Zip **10013** Mobile Telephone

E-Mail **PHILLIP@JEROMESGILLMAN.COM** Registration Number

4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

Initial Filing 5, 7, 11, 12A, 25-26 Prior to Approval Actions 25-26 Reinstatement 24-26

Review is requested under which Building Code? Amend Existing Filing 4A Withdrawal 26

2008 1968 Prior to 1968 Subsequent Filing 6-7, 8A (Alt-2 only), 11 Specified in 4A and 6

Choose Standard Plan Examination or Review Post Approval Amendment (PAA) 4A, 6, 24-25 Entire Job

one: Professional Certification PC1, POC1 Will PAA affect filing fees? Yes No Professional Cert. of Objections A11 New (Superseding) Applicant 4A, 25-26 4A Indicate existing document number affected by filing:

5 Job/Project Types *Choose one and provide specified associated information.*

Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & Alteration Type 1, OT: "No Work" 8C, 9-10 & Full Demolition 6B, 8D, 9B-D, & 18-20, 22, PW1A, PD1, select all that apply: 12, 13C-F, 14, 18-19, 22, PW1A, PD1 13D-E, 14, 21A, 22

Change in Exits Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & Sign 5A, 6B-D, 9B, 22-23 13C-E, 14, 20, 22 Subdivision 9B, 12A-B

Change in Number of Stories Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 Condominium Improved 17

Change in Number of Dwelling Units New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E 5A Directive 14 acceptance requested? Yes No

Change in Occupancy / Use (13B: 2008 Code only), 14, 18-20, PW1A, PD1 Yes No

Change inconsistent with current Cert. of Occup.

6 Work Types *Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 Initial applications.*

6A <input type="checkbox"/> BL - Boiler PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C	<input type="checkbox"/> PL - Plumbing PW1B	6E <input type="checkbox"/> CC - Curb Cut 16
<input type="checkbox"/> FA - Fire Alarm	<input type="checkbox"/> FP - Fire Suppression	<input type="checkbox"/> SD - Standpipe PW1B	6F <input type="checkbox"/> OT/ANT - Antenna
<input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> MH - Mechanical	<input type="checkbox"/> SP - Sprinkler PW1B	<input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input type="checkbox"/> OT/GC - General Construction	6D <input checked="" type="checkbox"/> OT - Other, describe: STRUCTURAL	<input type="checkbox"/> OT/FPP - Fire Protection Plan
			<input type="checkbox"/> OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000426269-000016

User Ref ID: 25051ST

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

- AR - Architectural BP - BPP Checklist DM - Demolition (Full/Partial) EN - Energy Analysis FO - Foundation or NP - No Plans
- ME - Mechanical OT - Other PL - Plumbing ST - Structural ZO - Zoning

8 Additional Information

8A	WT Cost	WT Cost	WT Cost	8B Is a building enlargement proposed?	8C Estimated Job Cost \$
	OT 6275275			<input type="checkbox"/> No enlargement is proposed	8D Street Frontage: _____ linear ft.
				<input type="checkbox"/> Yes 12, PD1	8E Height: _____ ft. Width: _____ ft.
				<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
				Additional Construction Floor Area:	Project lead job no.
8G Total Construction Floor Area: _____ sq. ft.					

9 Additional Considerations, Limitations or Restrictions

9A <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i>	9F Structural Peer Reviewer License No. _____ P.E.
9B <input type="checkbox"/> <input type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>	9G Local Law No(s) _____ Year _____
<input type="checkbox"/> <input type="checkbox"/> Other, specify: _____	9H Violation No(s) _____
<input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i>	9I BSA Calendar No(s) _____
<input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i>	9J CPC Calendar No(s) _____
<input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued	9K High-Rise Team Tracking Number: _____
9C <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i>	
<input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing)	
<input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing)	
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	
<input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	
9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems	
9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>	
<input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work	
9L <input type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]	
9M CRFN(s) <i>Restrictive Declaration / Easement (max. 4):</i>	
9N CRFN(s) <i>Zoning Exhibit (I, II, III, etc. - max. 4):</i>	

10 NYCECC Compliance *New York City Energy Conservation Code*

To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*.

Energy analysis is on another job number: _____

Yes No

This application is, or is part of, a project that utilizes trade-offs among different major systems

This application utilizes trade-offs within a single major system

To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*

The work is an alteration of a State or National historic building.

The scope of work is entirely in a "low-energy building" and is limited to the building envelope.

The scope of work does not affect the energy use of the building.

This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description

STRUCTURAL WORK FOR GLAZING REPLACEMENT AS SHOWN ON DRAWINGS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T0000426269-000016
User Ref ID: 25051ST

12 Zoning Characteristics

12A District(s) _____
 Overlay(s) _____
 Special Dist.(s) _____
 Map Number _____

12B Street legal width: _____ ft.
 Street Status: Public Private
 If the zoning lot includes multiple tax lots, list all tax lots here ▶

12C Proposed: Use*	Zoning	Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
		sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
		sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
		sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
		sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
		sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
		sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.
Proposed Totals		sq. ft.			If yes, no. of parking spaces: _____	
Existing Total		sq. ft.			Perimeter Wall Height _____ ft.	

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.

13A Primary structural system, choose one: Masonry Concrete (CIP) Concrete (Precast) Wood Steel (Structural) Steel (Cold-Formed) Steel (Encased in Concrete)

13B	Existing	Proposed	13D Building Type:
Structural Occupancy Category			<input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other
Seismic Design Category			Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No
13C Occupancy Classification*			2008 Code Designations? <input checked="" type="checkbox"/> Yes**
Construction Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Dwelling Classification			

13E Building Height _____ ft. Dwelling Units _____

13F Building was originally erected pursuant to which Building Code: 2008 1968 Prior to 1968
 The earliest Code with which this building or any part of it is required to comply: 2008 1968 Prior to 1968

14 Fill Choose one.

- Not Applicable On-Site Off-Site Under 300 cubic yards

15 Construction Equipment

Chute Sidewalk Shed Fence Supported Scaffold Other: _____

Construction Material: _____
 Size: _____ linear ft. BSA/MEA Approval No. _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 to street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

	Existing	Proposed
	Yes	No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

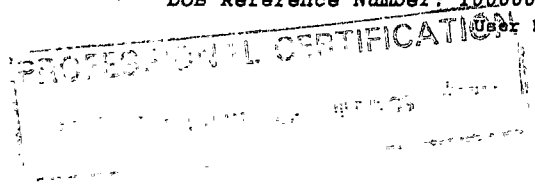
	Existing	Proposed		Existing	Proposed
	sq. ft.	sq. ft.		sq. ft.	sq. ft.
Plaza Area			Arcade Area		
Parking Area			Parking Spaces		
Loading Berths			Loading Berths		

20 Site Characteristics

- Yes No
- Tidal / Fresh Water Wetlands
- Urban Renewal
- Fire District
- Flood Hazard Area

DOB Reference Number: T00000426269-000016

User Ref ID: 250518T



21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

21A Demo. filing is for a secondary structure? *If yes, specify structure being demolished:*
 Mechanical means* from out of building? *If yes, mechanical means will demolish:* entire structure or part of structure
 Mechanical means* from within building? *If yes, describe equipment proposed:*

21B Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).
 The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP.
 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)).

23 Sign

Purpose:	Type:	Estimated Cost: \$	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 23A	Total Square Feet:	Yes No
<input type="checkbox"/> Non-Advertising	<input type="checkbox"/> Non-Illuminated	Height above Curb: ft. in.	<input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i>
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall	Height above Roof: ft. in.		23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?
Yes No			23C Sign wording. <i>If extensive, provide only key wording.</i>
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> ft. in.			23D Distance from Arterial Highway: ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>			23E Distance from Park 1/2 acre or more: ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>			23F OAC Sign Number:
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>			23G OAC Registration Number:
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>			

→ *If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F*

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

25 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the completion of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department of Buildings. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and specifications thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. (← check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

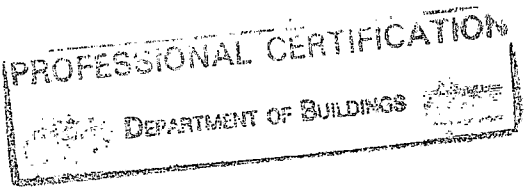
Yes No

For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print) _____
 NATHAN M. OPPENHEIMER
 Signature _____ Date _____
 69888
 P.E. / R.A. Seal (apply seal, signature and date over seal)

DOB Reference Number: T00000426269-000016
 User Ref ID: 250518T



26 Property Owner's Statements and Signatures

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

- Fee Deferred Request Statement
I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or job sign off.
Fee Exemption Request Statement
In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
Owner's Certifications Regarding Occupied Housing
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:
The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
Provide date DHCR notified:
Owner's Certification for Adult Establishments
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.
Owner's Certification for Directive 14 Applications (if applicable)
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: Individual DCAS HHC NYCHA
Partnership DOE HPD NYS
Corporation 26A Other Government
Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? Yes No

Name (please print): ROBERT SCHUBERT

Relationship to Owner: SEN VP OF CONST

Business Name/Agency: BOSTON PROPERTIES-LEXINGTON AVE

Street Address: 599 LEXINGTON AVENUE, SUITE 1800

City: NEW YORK State: NY Zip: 10022

Telephone Number: (212) 326-4055 Fax: (212) 326-4050

E-Mail Address: RSCHUBERT@BOSTONPROPERTIES.COM

Signature and Date

Handwritten signature and date: Robert Schubert 10/26/10

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print): ROBERT E SELSAN

Title:

Street Address: 90 CHURCH STREET, 7TH FLOOR

City: NEW YORK State: NY Zip: 10007

Telephone Number: (212) 748-7844 Fax:

E-Mail Address:

Signature and Date

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

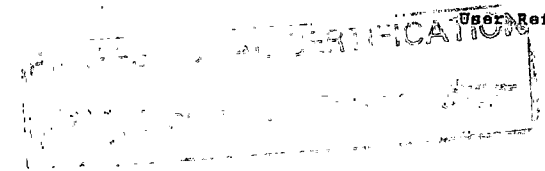
E-Mail Address:

Table with 2 columns: Internal Use Only and details. Rows include Pre-Filer Name, Pre-Filer Signature, Date, Cost Estimate, Amount Due, Verified by, Date, Initial Amount Paid, Balance Due, and Stamps, Certifications and Notes.

DOB Reference Number: T0000426269

User Ref ID: 250518T

01/11





PW3: Cost Affidavit
Must be typewritten.



1 Reason For Filing Required for all applications.

Reason for filing cost affidavit: Cost information provided must be based on: 1A Indicate existing document number affected by filing: 01
Initial Filing 2-7 Estimated cost of construction
[X] Prior to Approval Actions 1A, 2-7 Estimated cost of construction
Post Approval Amendment (PAA) 1A, 2-7 Estimated cost of construction
To obtain Sign-off 2-3, 5, 7 Actual construction cost of completed work

2 Location Information Required for all applications.

House No(s) 767 Street Name 5TH AVENUE
Borough Manhattan Block 1294 Lot 1 BIN 1036082 C.B. No. 105

3 Cost Details Required for all applications.

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. "Yes" or "No" must be specified for each "Category of Work" listed below.

Categories of Work (Must match all applicable categories indicated on PW1.)

- Yes No Yes No Yes No
[X] Boiler (BL) [X] Standpipe (SD) [X] General Construction (OT)
[X] Fire Alarm (FA) [X] Sprinkler (SP)
[X] Fuel Burning (FB) [X] Signs (SG)
[X] Fuel Storage (FS) [X] Other (OT)
[X] Fire Suppression (FP) [] Antenna (OT/ANT)
[X] Mechanical (MH) [] Marquee (OT/MAR)
[X] Plumbing (PL) [] (Describe) _____

Table with 6 columns: Category of Work*, Description of Work, Area/Units, Unit Cost (\$), Total Cost (\$), Work Category Total Cost (\$). Includes entry for Structural work for glazing replacement and a TOTAL JOB COST: \$ 6,275,275.

*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details. For enlargements, only items associated with work performed in the existing area should be listed.



4 Design Applicant Information

Choose One: P.E. R.A. Sign Hanger Other (specify) _____ License Number 069888
 Last Name OPPENHEIMER First Name NATHANIEL Middle Initial _____
 Business Name ROBERT SILMAN ASSOCIATES Business Phone (212) 620-7970 Business Fax (212) 620-8157
 Business Address 88 UNIVERSITY PLACE Mobile Phone () - _____
 City NEW YORK State NY Zip 10003 E-Mail _____

5 Owner/Lease Holder Information

Choose One: Owner Lease Holder
 Last Name HAYES First Name MATT Middle Initial _____
 Business Name APPLE COMPUTERS Business Phone (212) 326-4027 Business Fax () - _____
 Business Address 1 INFINITE LOOPE MS-58RD Mobile Phone () - _____
 City CUPERTINO State CA Zip 95014 E-Mail _____

6 Design Applicant's Statements and Signatures

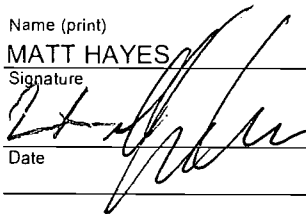
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
NATHANIEL OPPENHEIMER

Signature  Date 6/3/11
 P.E. / R.A. Seal (Professional Engineer Seal of the State of New York, License No. 069888)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

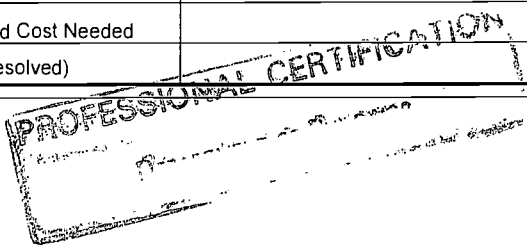
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
MATT HAYES
 Signature 
 Date _____

Notarization
 State of New York, County of: _____
 Sworn to or affirmed under penalty of perjury
 day of _____ 20____
 Notary Public Signature _____

Notary Seal

Internal Use Only			
Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-File:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examiner/Project Advocate:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Pre-File/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		





PW3: Cost Affidavit

Must be typewritten.



1 Reason For Filing *Required for all applications.*

Reason for filing cost affidavit:

Initial Filing 2-7

Prior to Approval Actions 1A, 2-7

Post Approval Amendment (PAA) 1A, 2-7

To obtain Sign-off 2-3, 5, 7

Cost information provided must be based on:

Estimated cost of construction

Estimated cost of construction

Estimated cost of construction

Actual construction cost of completed work

1A Indicate existing document number affected by filing: 01

2 Location Information *Required for all applications.*

House No(s) 767 Street Name 5TH AVENUE

Borough Manhattan Block 1294 Lot 1 BIN 1036082 C.B. No. 105

3 Cost Details *Required for all applications.*

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. **"Yes" or "No" must be specified for each "Category of Work" listed below.**

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/> Boiler (BL)	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/> Standpipe (SD)	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/> General Construction (OT)
	<input type="checkbox"/> <input checked="" type="checkbox"/> Fire Alarm (FA)		<input type="checkbox"/> <input checked="" type="checkbox"/> Sprinkler (SP)		<input type="checkbox"/> Partial Demolition
	<input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Burning (FB)		<input type="checkbox"/> <input checked="" type="checkbox"/> Signs (SG)		<input type="checkbox"/> Non-Structural Demolition
	<input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Storage (FS)		<input type="checkbox"/> <input checked="" type="checkbox"/> Other (OT)		<input type="checkbox"/> Structural Work
	<input type="checkbox"/> <input checked="" type="checkbox"/> Fire Suppression (FP)		<input type="checkbox"/> Antenna (OT/ANT)		<input type="checkbox"/> Interior Renovation
	<input checked="" type="checkbox"/> <input type="checkbox"/> Mechanical (MH)		<input type="checkbox"/> Marquee (OT/MAR)		<input type="checkbox"/> Exterior Renovation
	<input type="checkbox"/> <input checked="" type="checkbox"/> Plumbing (PL)		<input type="checkbox"/> (Describe) _____		<input type="checkbox"/> (Describe) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
MH	Remove & reinstall diffusers & ductwork	1,024/sf	58.74	60,150.00	60,150.00
TOTAL JOB COST: \$				60,150	

*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details. For enlargements, only items associated with work performed in the existing area should be listed.

4 Design Applicant Information

Choose One: P.E. R.A. Sign Hanger Other (specify) _____ License Number 075053
 Last Name BELGARDE First Name MARK Middle Initial _____
 Business Name FLACK & KURTZ -CA Business Phone (415) 398-3833 Business Fax () -
 Business Address 405 HOWARD STREET Mobile Phone () -
 City SAN FRANCISCO State CA Zip 94105 E-Mail _____

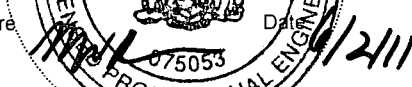
5 Owner/Lease Holder Information

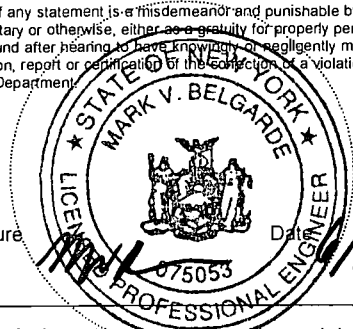
Choose One: Owner Lease Holder
 Last Name HAYES First Name MATT Middle Initial _____
 Business Name APPLE COMPUTERS Business Phone (212) 326-4027 Business Fax () -
 Business Address 1 INFINITE LOOPE MS-58RD Mobile Phone () -
 City CUPERTINO State CA Zip 95014 E-Mail _____

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

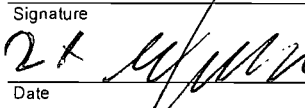
Name (print)
MARK BELGARDE

Signature  Date 1/2/11
 P.E. / R.A. Seal (apply seal then sign and date over seal)



7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
MATT HAYES
 Signature 
 Date _____

Notarization
 State of New York, County of: _____
 Sworn to or affirmed under penalty of perjury
 day of _____ 20____
 Notary Public Signature _____

Notary Seal

Internal Use Only			
Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-File:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examiner/Project Advocate:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Pre-File/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		

PROFESSIONAL CERTIFICATION



PW3: Cost Affidavit

Must be typewritten.

DEPT. BLDGS. 120716225 Job Number
SC100219024 Scan Code

1 Reason For Filing *Required for all applications.*

Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing: <u>01</u>
<input type="checkbox"/> Initial Filing 2-7	Estimated cost of construction	
<input checked="" type="checkbox"/> Prior to Approval Actions 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work	

2 Location Information *Required for all applications.*

House No(s) <u>767</u>	Street Name <u>5TH AVENUE</u>
Borough <u>Manhattan</u>	Block <u>1294</u> Lot <u>1</u> BIN <u>1036082</u> C.B. No. <u>105</u>

3 Cost Details *Required for all applications.*

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. **"Yes" or "No" must be specified for each "Category of Work" listed below.**

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes No	Yes No	Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> Boiler (BL)	<input type="checkbox"/> <input checked="" type="checkbox"/> Standpipe (SD)	<input type="checkbox"/> <input checked="" type="checkbox"/> General Construction (OT)
<input type="checkbox"/> <input checked="" type="checkbox"/> Fire Alarm (FA)	<input type="checkbox"/> <input checked="" type="checkbox"/> Sprinkler (SP)	<input type="checkbox"/> Partial Demolition
<input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Burning (FB)	<input type="checkbox"/> <input checked="" type="checkbox"/> Signs (SG)	<input type="checkbox"/> Non-Structural Demolition
<input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Storage (FS)	<input type="checkbox"/> <input checked="" type="checkbox"/> Other (OT)	<input type="checkbox"/> Structural Work
<input type="checkbox"/> <input checked="" type="checkbox"/> Fire Suppression (FP)	<input type="checkbox"/> Antenna (OT/ANT)	<input type="checkbox"/> Interior Renovation
<input type="checkbox"/> <input checked="" type="checkbox"/> Mechanical (MH)	<input type="checkbox"/> Marquee (OT/MAR)	<input type="checkbox"/> Exterior Renovation
<input checked="" type="checkbox"/> <input type="checkbox"/> Plumbing (PL)	<input type="checkbox"/> (Describe) _____	<input type="checkbox"/> (Describe) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
PL	Cap & remove floor drains	1,024/sf	12.94	13,250.00	13,250.00
PROFESSIONAL CERTIFICATION					
DEPARTMENT OF BUILDINGS					
TOTAL JOB COST: \$				13,250.00	

**List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details. For enlargements, only items associated with work performed in the existing area should be listed.*

4 Design Applicant Information

Choose One: P.E. R.A. Sign Hanger Other (specify) _____ License Number 075053
 Last Name BELGARDE First Name MARK Middle Initial _____
 Business Name FLACK & KURTZ -CA Business Phone (415) 398-3833 Business Fax () -
 Business Address 405 HOWARD STREET Mobile Phone () -
 City SAN FRANCISCO State CA Zip 94105 E-Mail _____

5 Owner/Lease Holder Information

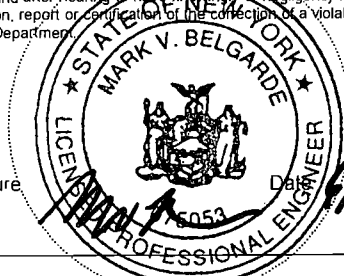
Choose One: Owner Lease Holder
 Last Name HAYES First Name MATT Middle Initial _____
 Business Name APPLE COMPUTERS Business Phone (212) 326-4027 Business Fax () -
 Business Address 1 INFINITE LOOPE MS-58RD Mobile Phone () -
 City CUPERTINO State CA Zip 95014 E-Mail _____

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

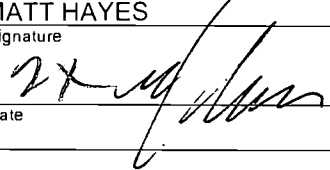
Name (print)
MARK BELGARDE

Signature  Date 11/2/11
 P.E. / R.A. Seal (apply seal, then sign and date over seal)



7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
MATT HAYES
 Signature 
 Date _____

Notarization
 State of New York, County of: _____
 Sworn to or affirmed under penalty of perjury
 day of _____ 20____
 Notary Public Signature _____

Notary Seal
PROFESSIONAL CERTIFICATION
 DEPARTMENT OF BUILDINGS

Internal Use Only				
Staff	PW3 Cost Details Validation		Comments (May include cost guidance.)	Initials
Pre-File:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
Plan Examiner/Project Advocate:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
Pre-File/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)			



PW3: Cost Affidavit
Must be typewritten.

DEPT. BLDGS. 120716225 Job Number
SC100219040 Scan Code

1 Reason For Filing Required for all applications.

Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing: 01
<input checked="" type="checkbox"/> Initial Filing 2-7	Estimated cost of construction	
<input type="checkbox"/> Prior to Approval Actions 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7	Estimated cost of construction	
<input type="checkbox"/> To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work	

2 Location Information Required for all applications.

House No(s) 767 Street Name 5TH AVENUE
Borough Manhattan Block 1294 Lot 1 BIN 1036082 C.B. No. 105

3 Cost Details Required for all applications.

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. "Yes" or "No" **must be specified for each "Category of Work" listed below.**

Categories of Work (Must match all applicable categories indicated on PW1.)

- | | | |
|--|---|--|
| Yes No | Yes No | Yes No |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Boiler (BL) | <input type="checkbox"/> <input checked="" type="checkbox"/> Standpipe (SD) | <input checked="" type="checkbox"/> <input type="checkbox"/> General Construction (OT) |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fire Alarm (FA) | <input type="checkbox"/> <input checked="" type="checkbox"/> Sprinkler (SP) | <input type="checkbox"/> Partial Demolition |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Burning (FB) | <input type="checkbox"/> <input checked="" type="checkbox"/> Signs (SG) | <input type="checkbox"/> Non-Structural Demolition |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fuel Storage (FS) | <input type="checkbox"/> <input checked="" type="checkbox"/> Other (OT) | <input type="checkbox"/> Structural Work |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Fire Suppression (FP) | <input type="checkbox"/> Antenna (OT/ANT) | <input type="checkbox"/> Interior Renovation |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Mechanical (MH) | <input type="checkbox"/> Marquee (OT/MAR) | <input checked="" type="checkbox"/> Exterior Renovation |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Plumbing (PL) | <input type="checkbox"/> (Describe) _____ | <input type="checkbox"/> (Describe) _____ |

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Remove & reinstall glass cube at plaza. Remove bollards & install new pavers at cube perimeter.	1,024/sf	305.05	312,375.00	312,375.00
TOTAL JOB COST: \$				312,375.00	

*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details. For enlargements, only items associated with work performed in the existing area should be listed.

4 Design Applicant Information

Choose One: P.E. R.A. Sign Hanger Other (specify) _____ License Number 028735

Last Name JACKSON First Name JON Middle Initial _____

Business Name BOHLIN CYWINSKI JACKSON Business Phone (415) 989-2100 Business Fax (415) 989-2101

Business Address 49 GEARY STREET - SUITE 300 Mobile Phone () - _____

City SAN FRANCISCO State CA Zip 94108 E-Mail _____

5 Owner/Lease Holder Information

Choose One: Owner Lease Holder

Last Name HAYES First Name MATT Middle Initial _____

Business Name APPLE COMPUTERS Business Phone (212) 326-4027 Business Fax () - _____

Business Address 1 INFINITE LOOPE MS-58RD Mobile Phone () - _____

City CUPERTINO State CA Zip 95014 E-Mail _____

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. I also understand 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report, or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)
JON JACKSON

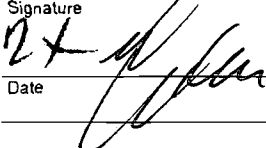
Signature  Signature  6/2/11

P.E. / R.A. Seal (Apply Seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

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Name (print)
MATT HAYES

Signature 

Date _____

Notarization
State of New York, County of: _____

Sworn to or affirmed under penalty of perjury

_____ day of _____ 20____

Notary Public Signature

Notary Seal

Internal Use Only				
Staff	PW3 Cost Details Validation		Comments (May include cost guidance.)	Initials
Pre-Filer:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
Plan Examiner/Project Advocate:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original	<input type="checkbox"/> Revised Cost Needed		
Pre-Filer/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)			



PW1: Plan / Work Application
Must be typewritten.



1 Location Information Required for all applications.

House No(s) 767 Street Name 5TH AVENUE
Borough MANHATTAN Block 01294 Lot 00001 BIN 1036082 C.B. No. 105
Work on Floor(s) 1 Apt. / Condo No(s)

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.

Last Name BELGARDE First Name MARK Middle Initial
Business Name FLACK & KURTZ -CA Business Telephone (415) 398-3833
Business Address 405 HOWARD STREET Business Fax
City SAN FRANCISCO State CA Zip 94105 Mobile Telephone
E-Mail License Number 075053
Choose one: [X] P.E. [] R.A. [] Sign Hanger [] Other, please specify:

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.

Last Name JACKIER/MCPHERSON First Name PHILLIP/YVETTE Middle Initial
Business Name JEROME S GILLMAN CONSULTING Business Telephone (212) 349-9304
Business Address 40 WORTH ST, SUITE 1630 Business Fax (212) 349-9346
City NEW YORK State NY Zip 10013 Mobile Telephone
E-Mail PHILLIP@JEROMESGILLMAN.COM Registration Number

4 Filing Status Required for all applications. Choose one and provide specified associated information.

[] Initial Filing 5, 7, 11, 12A, 25-26 [X] Prior to Approval Actions 25-26 [] Reinstatement 24-26
Review is requested under which Building Code? [] Amend Existing Filing 4A [] Withdrawal 26
[] 2008 [] 1968 [] Prior to 1968 [X] Subsequent Filing 6-7, 8A (Alt-2 only), 11 [] Specified in 4A and 6
Choose [] Standard Plan Examination or Review [] Post Approval Amendment (PAA) 4A, 6, 24-25 [] Entire Job
one: [] Professional Certification PC1, POC1 Will PAA affect filing fees? [] Yes [] No 4A Indicate existing document number
[] Professional Cert. of Objections Alt1 [] New (Superseding) Applicant 4A, 25-26 affected by filing:

5 Job/Project Types Choose one and provide specified associated information.

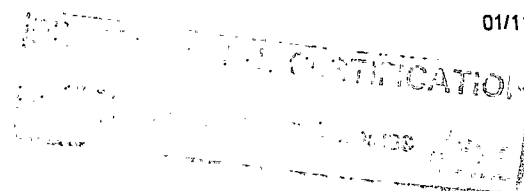
[] Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & [] Alteration Type 1, OT: "No Work" 8C, 9-10 & [] Full Demolition 6B, 8D, 9B-D, &
18-20, 22, PW1A, PD1, select all that apply: 12, 13C-F, 14, 18-19, 22, PW1A, PD1 13D-E, 14, 21A, 22
[] Change in Exits [X] Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & [] Sign 5A, 6B-D, 9B, 22-23
[] Change in Number of Stories 13C-E, 14, 20, 22 [] Subdivision 9B, 12A-B
[] Change in Number of Dwelling Units [] Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 [] Condominium [] Improved 17
[] Change in Occupancy / Use [] New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E 5A Directive 14 acceptance requested?
[] Change inconsistent with current Cert. of Occup. (13B: 2008 Code only), 14, 18-20, PW1A, PD1 [] Yes [] No

6 Work Types Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.

6A [] BL - Boiler PW1C [] FS - Fuel Storage PW1C [] PL - Plumbing PW1B [] 6E [] CC - Curb Cut 16
[] FA - Fire Alarm [] FP - Fire Suppression [] SD - Standpipe PW1B [] 6F [] OT/ANT - Antenna
[] FB - Fuel Burning PW1C [X] MH - Mechanical [] SP - Sprinkler PW1B [] OT/BPP - Builders Pavement Plan 8D
6B [] EQ - Construction Equipment 15 [] 6C [] OT/GC - General Construction [] 6D [] OT - Other, describe: [] OT/FPP - Fire Protection Plan
[] OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000426268-000019
User Ref ID: 25051MR

01/11



7 Plans/Construction Documents Submitted *Plans are required for most applications.*

- AR - Architectural BP - BPP Checklist DM - Demolition (Full/Partial) EN - Energy Analysis FO - Foundation or NP - No Plans
- ME - Mechanical OT - Other PL - Plumbing ST - Structural ZO - Zoning

8 Additional Information

8A WT	Cost	WT	Cost	WT	Cost	8B Is a building enlargement proposed? <input type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12. PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area: _____ sq. ft.	8C Estimated Job Cost \$
	MH 60150						8D Street Frontage: _____ linear ft.
							8E Height: _____ ft. Width: _____ ft.
							8F Name of cluster or development below: _____
8G Total Construction Floor Area: _____ sq. ft.							Project lead job no. _____

9 Additional Considerations, Limitations or Restrictions

Yes No 9A <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i> 9B <input type="checkbox"/> <input type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i> <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9M</i> <input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i> <input type="checkbox"/> <input type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued 9C <input type="checkbox"/> <input type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i> <input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing) <input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling <input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i> 9D <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems 9E <input type="checkbox"/> <input type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> <input type="checkbox"/> <input type="checkbox"/> Structural Stability affected by proposed work 9L <input type="checkbox"/> <input type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505] 9M CRFN(s) Restrictive Declaration / Easement (max. 4): _____ 9N CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____	Yes No <input checked="" type="checkbox"/> Landmark <input type="checkbox"/> "Little E" Hazmat Site <input type="checkbox"/> Unmapped Street <input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i> <input type="checkbox"/> Included in LMCCC <input checked="" type="checkbox"/> Infill Zoning <input checked="" type="checkbox"/> Loft Board <input checked="" type="checkbox"/> Quality Housing <input checked="" type="checkbox"/> Site Safety Job/Project 9F Structural Peer Reviewer License No. _____ P.E. 9G Local Law No(s) _____ Year _____ 9H Violation No(s) _____ 9I BSA Calendar No(s) _____ 9J CPC Calendar No(s) _____ 9K High-Rise Team Tracking Number: _____
--	--

10 NYCECC Compliance *New York City Energy Conservation Code*

To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
 Energy analysis is on another job number: _____
 Yes No
 This application is, or is part of, a project that utilizes trade-offs among different major systems
 This application utilizes trade-offs within a single major system

To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*

- The work is an alteration of a State or National historic building.
- The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
- The scope of work does not affect the energy use of the building.
- This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

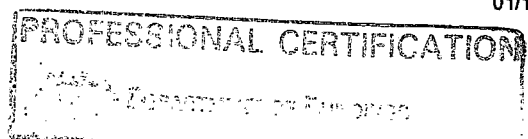
11 Job Description 11A Related DOB Job Numbers

REMOVE & REINSTALL DIFFUSERS & DUCTWORK AS SHOWN ON DRAWINGS FILED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11B Primary application job no.

DOB Reference Number: T00000426268-000019
User Ref ID: 25051MH

01/11



12 Zoning Characteristics

12A District(s) _____ 12B Street legal width: _____ ft.
 Overlay(s) _____ Street Status: Public Private
 Special Dist.(s) _____
 Map Number _____
If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning	Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
		sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
		sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
		sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
		sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
		sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
		sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.
Proposed Totals		sq. ft.			If yes, no. of parking spaces: _____	
Existing Total		sq. ft.			Perimeter Wall Height _____ ft.	

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. *Residential w/other use.

13A Primary structural system, choose one: Masonry Concrete (CIP) Concrete (Precast)
 Wood Steel (Structural) Steel (Cold-Formed) Steel (Encased in Concrete)

13B	Existing	Proposed	13D Building Type:
Structural Occupancy Category			<input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other
Seismic Design Category			Mixed use building? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy Classification*			2008 Code Designations? <input checked="" type="checkbox"/> Yes**
Construction Classification			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple Dwelling Classification			

13E Building Height _____ ft. Dwelling Units _____

13F Building was originally erected pursuant to which Building Code: 2008 1968 Prior to 1968
 The earliest Code with which this building or any part of it is required to comply: 2008 1968 Prior to 1968

14 Fill Choose one.

Not Applicable On-Site Off-Site Under 300 cubic yards

15 Construction Equipment

Chute Sidewalk Shed Fence Supported Scaffold Other: _____
 Construction Material: _____ Size: _____ linear ft. BSA/MEA Approval No. _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft. to street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

 Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

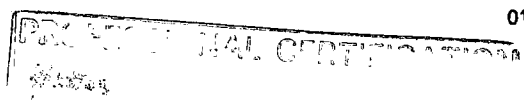
	Existing Yes	Existing No	Proposed Yes	Proposed No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

	Existing	Proposed		Existing	Proposed
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20 Site Characteristics

Yes No
 Tidal / Fresh Water Wetlands
 Urban Renewal
 Fire District
 Flood Hazard Area



21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).*

Yes No

21A Demo. filing is for a secondary structure? *If yes, specify structure being demolished:*

Mechanical means* from out of building? *If yes, mechanical means will demolish:* entire structure or part of structure

Mechanical means* from within building? *If yes, describe equipment proposed:*

21B Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance *Choose one.*

The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).

The scope of work does **not** require related asbestos abatement as defined in the regulations of the NYC DEP.

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)).

23 Sign

Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall Yes No <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in. <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i> → <i>If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F</i>	Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect Yes No <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? 23C Sign wording. <i>If extensive, provide only key wording.</i> 23D Distance from Arterial Highway: _____ ft. 23E Distance from Park 1/2 acre or more: _____ ft. 23F OAC Sign Number: 23G OAC Registration Number:
--	---	--

24 Comments *Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.*

25 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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules. (←check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

Yes No

For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print)
MARK BELGARDE

Signature *[Handwritten Signature]* Date **3/31/11**

P.E. / R.A. Seal (apply seal, then sign and date over seal)

DOB Reference Number: T00000426268-000019
 User Ref ID: 25051MH



26 Property Owner's Statements and Signatures

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

- Fee Deferred Request Statement
Fee Exemption Request Statement
Owner's Certifications Regarding Occupied Housing
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction.
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code.
The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
Provide date DHCR notified:
Owner's Certification for Adult Establishments
Owner's Certification for Directive 14 Applications (if applicable)

Owner type: Individual DCAS HHC NYCHA Partnership DOE HPD NYS Corporation 26A Other Government Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? Yes No

Name (please print): ROBERT SCHUBERT

Relationship to Owner: SEN VP OF CONST

Business Name/Agency: BOSTON PROPERTIES-LEXINGTON AVE

Street Address: 599 LEXINGTON AVENUE, SUITE 1800

City: NEW YORK State: NY Zip: 10022

Telephone Number: (212) 326-4055 Fax: (212) 326-4050

E-Mail Address: RSCHUBERT@BOSTONPROPERTIES.COM

Signature and Date: [Signature] 6/2/11

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print): ROBERT E SELSAN

Title: .

Street Address: 90 CHURCH STREET, 7TH FLOOR

City: NEW YORK State: NY Zip: 10007

Telephone Number: (212) 748-7844 Fax: .

E-Mail Address:

Signature and Date*

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

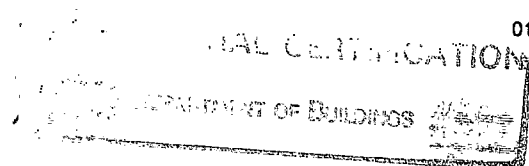
E-Mail Address:

Table with 2 columns: Internal Use Only, and rows for Pre-Filer Name, Pre-Filer Signature, Date, Cost Estimate, Amount Due, Verified by, Date, Initial Amount Paid, Balance Due, Stamps, Certifications and Notes.

DOB Reference Number: T00000426268

User Ref ID: 25051MH

01/11





PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) **767** Street Name **5TH AVENUE**

Borough **MANHATTAN** Block **01294** Lot **00001** BIN **1036082** C.B. No. **105**

Work on Floor(s) **1** Apt. / Condo No(s)

2 Applicant Information *Required for all applications. Fax, mobile telephone and e-mail address are optional information.*

Last Name **BELGARDE** First Name **MARK** Middle Initial

Business Name **FLACK & KURTZ -CA** Business Telephone **(415) 398-3833**

Business Address **405 HOWARD STREET** Business Fax

City **SAN FRANCISCO** State **CA** Zip **94105** Mobile Telephone

E-Mail License Number **075053**

Choose one: P.E. R.A. Sign Hanger Other, please specify:

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

Last Name **JACKIER/MCPHERSON** First Name **PHILLIP/YVETTE** Middle Initial

Business Name **JEROME S GILLMAN CONSULTING** Business Telephone **(212) 349-9304**

Business Address **40 WORTH ST, SUITE 1630** Business Fax **(212) 349-9346**

City **NEW YORK** State **NY** Zip **10013** Mobile Telephone

E-Mail **PHILLIP@JEROMESGILLMAN.COM** Registration Number

4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code?
 2008 1968 Prior to 1968
 Choose Standard Plan Examination or Review one: Professional Certification PC1, POC1 Professional Cert. of Objections AI1

Prior to Approval Actions 25-26
 Amend Existing Filing 4A
 Subsequent Filing 6-7, 8A (Alt-2 only), 11
 Post Approval Amendment (PAA) 4A, 6, 24-25 Will PAA affect filing fees? Yes No
 New (Superseding) Applicant 4A, 25-26

Reinstatement 24-26
 Withdrawal 26
 Specified in 4A and 6
 Entire Job
 4A Indicate existing document number affected by filing:

5 Job/Project Types *Choose one and provide specified associated information.*

Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply:
 Change in Exits
 Change in Number of Stories
 Change in Number of Dwelling Units
 Change in Occupancy / Use
 Change inconsistent with current Cert. of Occup.

Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1
 Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22
 Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22
 New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1

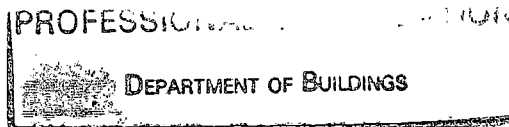
Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22
 Sign 5A, 6B-D, 9B, 22-23
 Subdivision 9B, 12A-B
 Condominium Improved 17
 5A Directive 14 acceptance requested? Yes No

6 Work Types *Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 Initial applications.*

6A <input type="checkbox"/> BL - Boiler PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 6F <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	

DOB Reference Number: T00000426275-000017
 User Ref ID: 25051PL

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7 Plans/Construction Documents Submitted *Plans are required for most applications.*

- AR - Architectural
 BP - BPP Checklist
 DM - Demolition (Full/Partial)
 EN - Energy Analysis
 FO - Foundation or
 NP - No Plans
 ME - Mechanical
 OT - Other
 PL - Plumbing
 ST - Structural
 ZO - Zoning

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B	Is a building enlargement proposed? <input type="checkbox"/> No enlargement is proposed <input checked="" type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area: _____ sq. ft.	8C	Estimated Job Cost \$	
	PL	13250							8D	Street Frontage: _____ linear ft.	
									8E	Height: _____ ft. Width: _____ ft.	
									8F	Name of cluster or development below: _____ Project lead job no. _____	
8G	Total Construction Floor Area: _____ sq. ft.										

9 Additional Considerations, Limitations or Restrictions

9A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Structural peer review required per BC §1627 <i>If yes, 9F</i>	9F	Structural Peer Reviewer License No. _____ P.E.
9B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filed to Comply with Local Law <i>If yes, 9G</i> Other, specify: _____ Restrictive Declaration / Easement <i>If yes, 9M</i> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i> Requesting legalization of work where no work w/o a permit violations have been issued	<input checked="" type="checkbox"/> Landmark <input type="checkbox"/> "Little E" Hazmat Site <input type="checkbox"/> Unmapped Street <input type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i>	9G Local Law No(s) _____ Year _____ 9H Violation No(s) _____
9C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Establishment <i>If yes, plot diagram (except DM)</i> Compensated Development (Inclusionary Housing) Low Income Housing (Inclusionary Housing) <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>	<input type="checkbox"/> Included in LMCCC <input checked="" type="checkbox"/> Infill Zoning <input checked="" type="checkbox"/> Loft Board <input checked="" type="checkbox"/> Quality Housing <input checked="" type="checkbox"/> Site Safety Job/Project	9I BSA Calendar No(s) _____ 9J CPC Calendar No(s) _____
9D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Includes permanent removal of standpipe, sprinkler or fire suppression related systems		
9E	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> Structural Stability affected by proposed work		9K High-Rise Team Tracking Number: _____
9L	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]		
9M	CRFN(s) Restrictive Declaration / Easement (max. 4): _____			
9N	CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____			

10 NYCECC Compliance *New York City Energy Conservation Code*

- To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
 Energy analysis is on another job number: _____
 Yes No
 This application is, or is part of, a project that utilizes trade-offs among different major systems
 This application utilizes trade-offs within a single major system
 To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*
 The work is an alteration of a State or National historic building.
 The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
 The scope of work does not affect the energy use of the building.
 This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description **11A Related DOB Job Numbers**

CAP & REMOVE FLOOR DRAINS AS SHOWN ON DRAWINGS FILED HEREWITH.
NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11B Primary application job no. _____

DOB Reference Number: T00000426275-000017

User Ref ID: 25051PL

12 Zoning Characteristics

12A District(s) _____
 Overlay(s) _____
 Special Dist.(s) _____
 Map Number _____

12B Street legal width: _____ ft.
 Street Status: Public Private
If the zoning lot includes multiple tax lots, list all tax lots here ▶

12C Proposed Use*	Zoning Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
	sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
	sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
	sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
	sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
	sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
	sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.
Proposed Totals	sq. ft.			<i>If yes, no. of parking spaces:</i>	
Existing Total	sq. ft.			Perimeter Wall Height _____ ft.	

*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.

13A Primary structural system, choose one: Masonry Concrete (CIP) Concrete (Precast)
 Wood Steel (Structural) Steel (Cold-Formed) Steel (Encased In Concrete)

13B	Existing	Proposed	13D Building Type:
Structural Occupancy Category			<input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other
Seismic Design Category			Mixed use building?† <input type="checkbox"/> Yes <input type="checkbox"/> No
13C Occupancy Classification*			13E
			Existing
Construction Classification			Proposed
Multiple Dwelling Classification			Building Height _____ ft.
			Building Stories _____
			Dwelling Units _____

13F Building was originally erected pursuant to which Building Code: 2008 1968 Prior to 1968
 The earliest Code with which this building or any part of it is required to comply: 2008 1968 Prior to 1968

14 Fill Choose one.

Not Applicable On-Site Off-Site Under 300 cubic yards

15 Construction Equipment

Chute Sidewalk Shed Construction Material: _____
 Fence Size: _____ linear ft. BSA/MEA Approval No. _____
 Supported Scaffold Other: _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 to street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

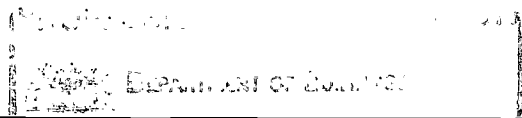
	Existing		Proposed	
	Yes	No	Yes	No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

	Existing	Proposed		Existing	Proposed
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20 Site Characteristics

Yes No
 Tidal / Fresh Water Wetlands
 Urban Renewal
 Fire District
 Flood Hazard Area



21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No
 21A Demo. filing is for a secondary structure? *If yes, specify structure being demolished:*
 Mechanical means* from out of building? *If yes, mechanical means will demolish:* entire structure or part of structure
 Mechanical means* from within building? *If yes, describe equipment proposed:*
 21B Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).
 The scope of work does not require related asbestos abatement as defined in the regulations of the NYC DEP.
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23 Sign

Purpose: <input type="checkbox"/> Advertising <input type="checkbox"/> Non-Advertising Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall Yes No <input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in. <input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i> → <i>If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F</i>	Type: <input type="checkbox"/> Illuminated 23A <input type="checkbox"/> Non-Illuminated Estimated Cost: \$ _____ Total Square Feet: _____ Height above Curb: _____ ft. in. Height above Roof: _____ ft. in.	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect Yes No <input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i> 23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid? 23C Sign wording. <i>If extensive, provide only key wording.</i> 23D Distance from Arterial Highway: _____ ft. 23E Distance from Park 1/2 acre or more: _____ ft. 23F OAC Sign Number: _____ 23G OAC Registration Number: _____
--	---	--

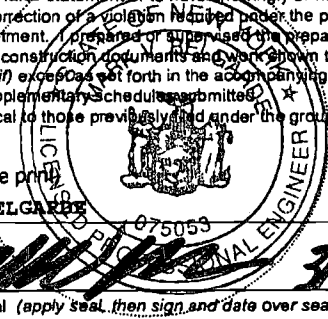
24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

25 Applicant's Statements and Signatures Required for all applications.

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Yes No
 For Initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
 Directive 14 Initial applications only: I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print) _____
 MARK BELGARBE
 Signature _____ Date _____
 P.E./R.A. Seal (apply seal, then sign and date over seal)



DOB Reference Number: T00000426275-000017
 User Ref ID: 25051PL

01/11



26 Property Owner's Statements and Signatures

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. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

- Fee Deferred Request Statement
I hereby request a fee deferral for the work proposed on this application and understand that all fees must be paid before issuance of any Certificate of Occupancy or Job Sign-off.
Fee Exemption Request Statement
In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.
Owner's Certifications Regarding Occupied Housing
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.
The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. If yes, select one of the following:
The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.
The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].
Provide date DHCR notified:
Owner's Certification for Adult Establishments
I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.
Owner's Certification for Directive 14 Applications (if applicable)
I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: Individual DCAS HHC NYCHA
Partnership DOE HPD NYS
[X] Corporation 26A Other Government
Condo Unit Owner or Co-Op Tenant-shareholder 26A

Is the owner a non-profit organization? Yes No

Name (please print): ROBERT SCHUBERT

Relationship to Owner: SEN VP OF CONST

Business Name/Agency: BOSTON PROPERTIES-LEXINGTON AVE

Street Address: 599 LEXINGTON AVENUE, SUITE 1800

City: NEW YORK State: NY Zip: 10022

Telephone Number: (212) 326-4055 Fax: (212) 326-4050

E-Mail Address: RSCHUBERT@BOSTONPROPERTIES.COM

Signature and Date [Signature]

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print): ROBERT E SELSAN

Title: .

Street Address: 90 CHURCH STREET, 7TH FLOOR

City: NEW YORK State: NY Zip: 10007

Telephone Number: (212) 748-7844 Fax:

E-Mail Address:

Signature and Date* [Signature]

*Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City: State: Zip:

Telephone Number: Fax:

E-Mail Address:

Table with 2 columns: Internal Use Only and empty space. Rows include Pre-File Name, Pre-File Signature, Date, Cost Estimate, Amount Due, Verified by, Date, Initial Amount Paid, Balance Due, Stamps, Certifications and Notes.

PROFESSIONAL CERTIFICATION

DOB Reference Number: T00000426275

User Ref ID: 25051PL



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten.

Page 1 of 2



1 Location Information Required for all applications.

House No(s) 767 Street Name 5TH AVENUE
Borough MANHATTAN Block 1294 Lot 1 BIN 1036082 CB No. 105
Work on Floor(s) 1

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

Plumbing - PL Sprinkler - SP Standpipe - SD
Cost: \$ 13250 Cost: \$ Cost: \$
Total sprinkler heads in 8B: 0 Total sprinkler heads in 8A:
To remove violation(s): 1) 2) 1) 2) 1) 2)

3 Drainage Information

Storm Drainage Discharges into: select one. Sanitary Drainage Discharges into: select one.
Storm Sewer Combined Sewer Private Disposal Sanitary Sewer Combined Sewer Private Disposal

4 Sewer Work Select all that apply.

SD-1, SD-2, SD-3 Site Connection Septic Tank

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

Cap or Remove Describe all: PL-CAP & REMOVE FLOOR DRAINS.
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: Heat Dryer Water Heater Tankless Coil
HVAC Cooking Fire Place Boiler Pilot for Oil Burner
Other:

Name (please print) MARK BELGARDE
Signature Date 3/31/11
Professional Engineer Seal (apply seal, then sign and date over seal)

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.

DOB Reference Number: T00000426275-000017
User Ref ID: 25051PL

8 Equipment Information <i>For new work only.</i>		Floors <i>Indicate no. of proposed components and/or "X" for piping</i>												
System (work type)	Components (Piping / Equipment / Fixture)													
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													
8B Sprinkler (PL)**	F Sprinkler Heads over 999													
	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												
		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														
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.

