

# Certificate of Occupancy

**CO Number:** 310051993F

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

<b>A.</b> <b>Borough:</b> Brooklyn <b>Address:</b> 129 WEST END AVENUE <b>Building Identification Number (BIN):</b> 3397495	<b>Block Number:</b> 08732 <b>Lot Number(s):</b> 32  <b>Building Type:</b> New	<b>Certificate Type:</b> Final <b>Effective Date:</b> 01/17/2012
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>		
<b>B.</b> <b>Construction classification:</b> 1-C (1968 Code) <b>Building Occupancy Group classification:</b> J2 (1968 Code) <b>Multiple Dwelling Law Classification:</b> HAEA		
<b>No. of stories:</b> 6 <b>Height in feet:</b> 70 <b>No. of dwelling units:</b> 8		
<b>C.</b> <b>Fire Protection Equipment:</b> Standpipe system, Sprinkler system		
<b>D.</b> <b>Type and number of open spaces:</b> Parking spaces (2), Parking (350 square feet)		
<b>E.</b> <b>This Certificate is issued with the following legal limitations:</b> None		
<b>Borough Comments:</b> None		



Acting

Borough Commissioner



Commissioner

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Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL	10	OG	E		4	AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITY & ACCESSORY USES (FLOOD PROOF)
OS P		OG	B-2		2	ACCESSORY OFF-STREET OPEN PARKING FOR TWO (2) CARS
ME Z		60	B-2		4	STORAGES IN CONJUNCTION WITH FIRST FLOOR AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITY.
001	10	60	E		4	AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITY & ACCESSORY USES
001		60	J-2		2	RESIDENTIAL LOBBY
002		40	J-2	2	2	(2) DWELLING UNITS
003		40	J-2	2	2	(2) DWELLING UNITS
004		40	J-2	2	2	(2) DWELLING UNITS
005		40	J-2	1	2	LOWER PART OF (2) DWELLING UNITS
006		40	J-2	1	2	UPPER PART OF (2) DWELLING UNITS
RO F						GENERAL NOTE: THE PREMISES IS LOCATED WITHIN THE SPECIAL FLOOD AREA; THE CELLAR IS LOCATED BELOW THE LEVEL OF THE BASE FLOOD ELEVATION; AND NO PORTION OF THE CELLAR SHALL BE USED FOR LIVING PURPOSES. RESTRICTIVE DECLARATION FILED WITH THE CITY REGISTERS CRFN# 2008000046405



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RO F		100	J-2		2	PRIVATE ROOF TERRACES IN CONJUNCTION WITH 5TH -6TH FLOORS APARTMENTS, STAIRS AND ELEVATOR BULKHEADS; PROPERTY IS SUBJECT TO ZONING LOT DESCRIPTION AND CERTIFICATION RECORDED IN COUNTY CLERK OFFICE DOCCUMENT NUMBER 2007081400338001 (EXIBIT III) AND 2007081400338002 (EXIBIT I)
RO F						GENERAL NOTE: (8) FAMILY DWELLING WITH (2) ACCESSORY OFF-STREET PARKING SPACES& AMBULATORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITY
END OF SECTION						



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