

# Certificate of Occupancy

**CO Number:** 121181229T012

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> Manhattan <b>Address:</b> 446 WEST 167 STREET <b>Building Identification Number (BIN):</b> 1090724	<b>Block Number:</b> 02111 <b>Lot Number(s):</b> 7502  <b>Building Type:</b> New	<b>Certificate Type:</b> Temporary <b>Effective Date:</b> 02/19/2021 <b>Expiration Date:</b> 05/20/2021
<b>This building is subject to this Building Code:</b> 2008 Code		
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>		
<b>B.</b> <b>Construction classification:</b> 1-B (2014/2008 Code) <b>Building Occupancy Group classification:</b> R-2 (2014/2008 Code) <b>Multiple Dwelling Law Classification:</b> HAEA		
<b>No. of stories:</b> 8 <b>Height in feet:</b> 74 <b>No. of dwelling units:</b> 39		
<b>C.</b> <b>Fire Protection Equipment:</b> Fire alarm system, Sprinkler system		
<b>D.</b> <b>Type and number of open spaces:</b> None associated with this filing.		
<b>E.</b> <b>This Certificate is issued with the following legal limitations:</b> None		
<b>Outstanding requirements for obtaining Final Certificate of Occupancy:</b>		
There are 15 outstanding requirements. Please refer to BISWeb for further detail.		
<b>Borough Comments:</b> None		



Borough Commissioner



Commissioner

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Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 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	20	OG	B		4A, 4C	AMBULATORY TREATMENT HEALTH CARE FACILITY WITH ACCESSORY REFUSE STORAGE, ELEVATOR MACHINE AND MECHANICAL ROOMS
CEL	11	OG	R-2		2B	ELECTRICAL SERVICE, WATER METER, GAS METER, TRASH COMPACTOR, JANITOR'S CLOSET, SUPPLY CLOSET, SUPER'S OFFICE, TENANT STORAGE, PACKAGE, EJECTOR PUMP, AND BICYCLE STORAGE ROOMS (20 SPACES, 180 SF, CCD1 #23554), ACCESSORY FITNESS ROOM.
001	52	50	B		4A	AMBULATORY TREATMENT HEALTH CARE FACILITY
001		100	R-2		2B	RESIDENTIAL LOOBY WITH MAIL ROOM AND IT CLOSET
002	14	50	B		4A	COMMUNITY FACILITY
002		40	R-2	4	2-A	FOUR (4) RESIDENTIAL APARTMENTS AND THREE (3) PRIVATE ROOF TERRACES
003 007		40	R-2	6	2-A	SIX (6) RESIDENTIAL APARTMENTS PER FLOOR
008		40	R-2	5	2-A	FIVE (5) RESIDENTIAL APARTMENTS
ROF	27	100	R-2		2-B	RECREATIONAL ROOF TERRACE, MECHANICAL AND ELEVATOR MACHINE ROOMS
ALL TREES SHALL BE PLANTED MAINTAINED AND REPLACED WHEN NECESSARY WITH THE APPROVAL OF, AND IN ACCORDANCE WITH THE STANDARDS OF, THE DEPARTMENT OF PARKS AND RECREATION. AS PER ZR 28-12 THESE PREMISES HAVE BEEN DECLARED UNDER THE PROVISIONS OF ZR 12-10 AS TO ZONING LOT OWNERSHIP AS FILED WITH THE CITY REGISTER OFFICE; EXHIBIT I CRFN # 2012000243916 & EXHIBIT III CRFN #2012000243915. ALL RELATED FACILITIES AND AMENITIES REQUIRED PURSUANT THE QUALITY HOUSING PROGRAM SHALL NOT BE REMOVED. LOT LINE WINDOWS RESTRICTIVE DECLARATION CRFN # 2012000235833.						
END OF SECTION						



Borough Commissioner



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