

Certificate of Occupancy

CO Number: 201123195F

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.

Α.	Borough: Bronx		Block Number	: 05792	Certificate Type:	Final
	Address: 3511 CAMBRIDGE AVENUE		Lot Number(s)	: 443	Effective Date:	02/27/2018
	Building Identification Number (BIN): 212	26993				
			Building Type New	:		
	For zoning lot metes & bounds, please see	e BISWeb.				
B.	Construction classification:	1-C		(1968 Code)		
	Building Occupancy Group classification:	J2		(1968 Code)		
	Multiple Dwelling Law Classification:	HAEA				
	No. of stories: 6	Height in f	n feet: 55		No. of dwelling units: 10	
C.	Fire Protection Equipment: Sprinkler system					
D.	Type and number of open spaces: None associated with this filing.					
E.	This Certificate is issued with the following legal limitations: None					
	Borough Comments: None					

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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. Building Maximum Live load Code **Dwelling** or persons Floor lbs per occupancy Rooming Zoning From To permitted sq. ft. Units **Description of use** group use group 001 OG G 3 DAYCARE CENTER - 60 CHILDREN 2-6 YEARS OLD WITH TWO OFF-STREET PARKING **SPACES** 001 OG J-2 LOBBY, RECREATION ROOM, UTILITY ROOMS 2B 002 40 J-2 2 2A, 2B (2) CLASS 'A' APTS. BOILER CLOSETS D-2 003 40 J-2 2 2A, 2B (2) CLASS 'A' APTS. BOILER CLOSETS. D-2 J-2 004 2 2A. 2B (2) CLASS 'A' APTS. BOILER CLOSETS 40 D-2 005 40 J-2 2 2A, 2B (2) CLASS 'A' APTS. BOILER CLOSETS. D-2 006 40 J-2 2 2A, 2B (2) CLASS 'A' APTS. BOILER CLOSETS D-2 DAYCARE, AND TEN (10) APARTMENTS.

END OF SECTION

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