

## Certificate of Occupancy

CO Number: 302317623F

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: Brooklyn	Block Numbe	r: 01715	5 Certificate Type: Final				
	Address: 731 BEDFORD AVENUE	Lot Number(s	s <b>):</b> 30	Effective Date:	11/17/2018			
	Building Identification Number (BIN): 339	96823						
		Building Type New	<b>:</b> :					
	For zoning lot metes & bounds, please see	e BISWeb.						
B.	Construction classification:	1-D	(1968 Code)					
	Building Occupancy Group classification:	R-2	(2014/2008 Cod	le)				
	Multiple Dwelling Law Classification: HAEA							
	No. of stories: 6	Height in feet: 60		No. of dwelling units: 7				
C.	Fire Protection Equipment: None associated with this filing.							
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.										
Floor From To	Maximum persons permitted		Building Code occupancy group	Dwelling or Rooming Units						
CEL		OG	J-2		2	ACCESSORY USE,& OPEN CELLAR				
001	50	40	F-1B		4	COMMUNITY FACILITY.				
002		40	J-2	0.5	2	LOWER PART OF DUPLEX IN CONJUNCTION WITH 3RD FLOOR.				
003		40	J-2	0.5	2	DUPLEX IN CONJUNCTION WITH 2ND FLOOR				
004		40	J-2	2	2	TWO DWELLING UNITS				
005		40	J-2	2	2	TWO DWELLING UNIT				
006		40	J-2	2	2	TWO DWELLING UNIT				
RO F		40	J-2		2	STAIR BULKHEAD, ELEVATOR SHAFT AND MECHANICAL ROOM.				
ΓΟΤΑL 7 D.I	J AND COM	JUNITY FAC	ILITY ( SYNAGO	GUE )						
END OF SECTION										

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