

Certificate of Occupancy

CO Number: 301903643F

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 Address: 205 NORTH 7 STREET		Block Number		Certificate Type:			
	Address: 205 NORTH / STREET		Lot Number(s)	: 38	Effective Date:	01/25/2016		
	Building Identification Number (BIN): 306	61986						
			Building Type: New					
	For zoning lot metes & bounds, please see	e BISWeb.						
B.	Construction classification:	1-D (1968 Code)						
	Building Occupancy Group classification:	J2	((1968 Code)				
	Multiple Dwelling Law Classification:	HAEA						
	No. of stories: 4	Height in feet: 50			No. of dwelling units: 7			
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.

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		OG	J-2		2	BOILER, ELECTRIC, WATER, GAS & SPRINKLER METER ROOM, STORAGE & LOWER LEVELS OF DUPLEX APARTMENTS
MZ2		30	J-2		2	STORAGE, MECHANICAL EQUIPMENT, LAUNDRY
MZ3		30	J-2		2	STORAGE & MECH. ROOMS
001		40	J-2	2	2	UPPER LEVEL OF DUPLEX APARTMENTS
002		40	J-2	2	2	TWO (2) APARTMENTS
003		40	J-2	2	2	TWO (2) APARTMENTS
004		40	J-2	1	2	ONE (1) APARTMENTS
RO F		60	J-2		2	ELEVATOR AND STAIR BULKHEAD, MECHANICAL ROOM
NOTE: SEV	EN (7) FAMIL	Y DWELLING	3			

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