

Certificate of Occupancy

CO Number: 220471718F

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:	02796	Certificate Type:	Final		
	Address: 1779 WEEKS AVENUE		Lot Number(s):	36	Effective Date:	02/14/2018		
	Building Identification Number (BIN): 28	17614						
			Building Type: New					
	This building is subject to this Building C	ode:			1			
	For zoning lot metes & bounds, please se	e BISWeb.						
В.	Construction classification:	1-B	(2014/2008 Code)					
	Building Occupancy Group classification:	: R-2	(2	014/2008 Cod	e)			
	Multiple Dwelling Law Classification:	HAEA						
	No. of stories: 4	Height in	feet : 49		No. of dwelling uni	ts : 10		
C.	Fire Protection Equipment: Fire alarm system, 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 below are 2008 designations.												
Floor From		Maximum persons permitted	lbs per	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use					
CEL			OG	S-2		2B	ACCESSORY SPACE TO DWELLING UNIT AT REAR OF FIRST FLOOR, BOILER AND METER ROOMS.					
001	001		40	R-2	2	2A	TWO (2) CLASS "A" DWELLING UNITS.					
002	002		40	R-2	3	2A	THREE (3) CLASS "A" DWELLING UNITS.					
003	003		40	R-2	3	2A	THREE (3) CLASS "A" DWELLING UNITS.					
004	004		40	R-2	2	2A	TWO (2) CLASS "A" DWELLING UNITS.					
ΓΟΤΑL	= TE	N (10) CLAS	S "A" APART	MENTS. EXHIBI			DER CRFN #: 2016000013579 AND 2016000013580.					
	END OF SECTION											

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