

Certificate of Occupancy

CO Number: 302304110F

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	ВІ	ock Numbe	r: 04793	Certificate Type:	Final		
	Address: 516 KINGSTON AVENUE	Lo	ot Number(s): 7504	Effective Date:	12/21/2011		
	Building Identification Number (BIN): 339	97112						
		Ві	uilding Type	: New				
	For zoning lot metes & bounds, please see	e BISWeb.						
В.	Construction classification:	1-C		(1968 Code)				
	Building Occupancy Group classification:	J2		(1968 Code)				
	Multiple Dwelling Law Classification:	HAEA						
	No. of stories: 6	Height in fee	t: 60		No. of dwelling uni	ts : 5		
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 followin None	nis Certificate is issued with the following legal limitations: one						
	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	-	lbs per	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	E		4C	SPRINKLER AND METER ROOM AND ACCESSORY STORAGE FOR AMBULATORY DIAGNOSTIC TREATMENT HEALTH CARE FACILITIES
001	29	40	Е		4A	COMMUNITY FACILITY (AMBULTORY DIAGNOSTIC OR TREATMENT HEALTH CARE FACILITIES)
002		40	J-2	1	2	ONE (1) FAMILY DWELLING UNIT
003		40	J-2	1	2	ONE (1) FAMILY DWELLING UNIT
004		40	J-2	1	2	ONE (1) FAMILY DWELLING UNIT
005		40	J-2	1	2	ONE (1) FAMILY DWELLING UNIT
006		40	J-2	1	2	ONE (1) FAMILY DWELLING UNIT
OTAL: COI	MMUNITY FA	CILITY (AMI	BULATORY DIA	GNOSTIC OR T	REATMENT H	IEALTH CARE FACILITIES)

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