

## Certificate of Occupancy

CO Number: 320373804F

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.

A.	Borough: Brooklyn	Block Number	: 03209	Certificate Type:	Final			
	Address: 245 SUYDAM STREET	Lot Number(s)	: 36	Effective Date:	07/10/2015			
	Building Identification Number (BIN): 307	72951						
		Building Type: New	:					
	This building is subject to this Building Code: 2008 Code							
	For zoning lot metes & bounds, please see	e BISWeb.						
B.	Construction classification:	1-B (	(2008 Code)					
	Building Occupancy Group classification:	R-2	(2008 Code)					
	Multiple Dwelling Law Classification:	HAEA						
	No. of stories: 4	Height in feet: 43		No. of dwelling uni	ts: 8			
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 below are 2008 designations.										
Floor From To		Maximum persons permitted	lbs per	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use			
CEL			OG	S-2	'	2B	METER ROOMS, STORAGE, & (2) RECREATION ROOMS.			
001	001	8	40	R-2	2	2A	(2) CLASS 'A' MULTIPLE DWELLING UNITS			
002	002	8	40	R-2	2	2A	(2) CLASS 'A' MULTIPLE DWELLING UNITS			
003	003	8	40	R-2	2	2A	(2) CLASS 'A' MULTIPLE DWELLING UNITS			
004	004	8	40	R-2	2	2A	(2) CLASS 'A' MULTIPLE DWELLING UNITS			
RO F			40	U		2B	BULK HEAD & MECHANICAL ROOM.			
ΓΟΤΑΙ	. EIGH	IT(8) CLASS	'A' MULTIPL	E DWELLING U	NITS UNDER Q	UALITY HOUS	SING PROGRAM			
					END OF	SECTION				

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