NYC Buildings

Certificate of Occupancy

CO Number: **301564901F**

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:** 02264	**Certificate Type:** Final
Address: 279 LEE AVENUE	**Lot Number(s):** 1	**Effective Date:** 05/20/2011
Building Identification Number (BIN): 3061407		
	Building Type: New	

For zoning lot metes & bounds, please see BISWeb.

B.

Construction classification: 1-C   (1968 Code)

Building Occupancy Group classification: J2   (1968 Code)

Multiple Dwelling Law Classification: HAEA

No. of stories: 7   **Height in feet:** 60   **No. of dwelling units:** 10

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

_____ , R.A.
Borough Commissioner

_____
Commissioner

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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
BAS		OG	D-2		2	MECHANICAL ROOM
BAS		OG	J-2	1	2	DWELLING UNIT
001		40	J-2	1	2	DWELLING UNIT
002		40	J-2	2	2	DWELLING UNIT
003		40	J-2	2	2	DWELLING UNIT
004		40	J-2	2	2	DWELLING UNIT
005		40	J-2	1	2	DWELLING UNIT
006		40	J-2	1	2	DWELLING UNIT
ROF		100	D-2		2	MECHANICAL EQUIPMENT_ROOM
ROF	22	100	F-2		2	ACCESSORY RECREATION AREA TOTAL:TEN(10) DWELLING UNITS
	END OF SECTION					

_____, R.A.

Borough Commissioner

_____

Commissioner

END OF DOCUMENT