



PW1: Plan / Work Application

Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

1 Location Information *Required for all applications.*

House No(s)	Street Name			
Borough	Block	Lot	BIN	C.B. No.
Work on Floor(s)			Apt. / Condo No(s)	

2 Applicant Information *Required for all applications. Fax, mobile telephone and e-mail address are optional information.*

Last Name		First Name		Middle Initial
Business Name			Business Telephone	
Business Address			Business Fax	
City	State	Zip	Mobile Telephone	
E-Mail			License Number	
Choose one: <input type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other, please specify: _____				

3 Filing Representative *Complete only if different from applicant specified in section 2. Fax, mobile phone, and e-mail are optional info.*

Last Name		First Name		Middle Initial
Business Name			Business Telephone	
Business Address			Business Fax	
City	State	Zip	Mobile Telephone	
E-Mail			Registration Number	

4 Filing Status *Required for all applications. Choose one and provide specified associated information.*

<input type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose one: <input type="checkbox"/> Standard Plan Examination or Review <input type="checkbox"/> Professional Certification PC1, POC1 <input type="checkbox"/> Self Certification of Objections A11	<input type="checkbox"/> Prior to Approval Actions 25-26 <input type="checkbox"/> Amend Existing Filing 4A <input type="checkbox"/> Subsequent Filing 6-7, 8A (Alt-2 only), 11 <input type="checkbox"/> Post Approval Amendment (PAA) 4A, 6, 24-25 Will PAA affect filing fees? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New (Superseding) Applicant 4A, 25-26	<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing: _____
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5 Job/Project Types *Choose one and provide specified associated information.*

<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1-A, PD1, select all that apply: <input type="checkbox"/> Change in Exits <input type="checkbox"/> Change in Number of Stories <input type="checkbox"/> Change in Number of Dwelling Units <input type="checkbox"/> Change in Occupancy / Use <input type="checkbox"/> Change inconsistent with current Cert. of Occup.	<input type="checkbox"/> Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1-A, PD1 <input type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22 <input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22 <input type="checkbox"/> New Building 6A-E, 8F-G, 9A-C, JSEFO, 12, 13A-E, 14, 18-20, PW1-A, PD1 (13B: 2008 Code only)	<input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22 <input type="checkbox"/> Sign 5A, 6B-D, 9B, 22-23 <input type="checkbox"/> Subdivision 9B, 12A-B <input type="checkbox"/> Condominium <input type="checkbox"/> Improved 17 4A Directive 14 acceptance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
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6 Work Types *Select all that apply but no more than allowed by job and filing type. "OT" required on all NB and Alteration 1 initial applications.*

6A <input type="checkbox"/> BL - Boiler PW1-C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1-C	<input type="checkbox"/> FS - Fuel Storage PW1-C <input type="checkbox"/> FP - Fire Suppression <input type="checkbox"/> MH - Mechanical	<input type="checkbox"/> PL - Plumbing PW1-B <input type="checkbox"/> SD - Standpipe PW1-B <input type="checkbox"/> SP - Sprinkler PW1-B	6E <input type="checkbox"/> CC - Curb Cut 16
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe: _____	6F <input type="checkbox"/> OT/ANT - Antenna <input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D <input type="checkbox"/> OT/FPP - Fire Protection Plan <input type="checkbox"/> OT/MAR - Marquee 8E, 26B

7 Plans/Construction Documents Submitted *Plans are required for most applications.*

☐ AR - Architectural ☐ BP - BPP Checklist ☐ DM - Demolition (Full/Partial) ☐ EN - Energy Analysis ☐ FO - Foundation or ☐ NP - No Plans
☐ ME - Mechanical ☐ OT - Other ☐ PL - Plumbing ☐ ST - Structural ☐ ZO - Zoning

8 Additional Information

8A	WT	Cost	WT	Cost	WT	Cost	8B	Is a building enlargement proposed? <input type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area:	8C	Estimated Job Cost \$
									8D	Street Frontage: linear ft.
									8E	Height: ft. Width: ft.
									8F	Name of cluster or development below:
8G						Total Construction Floor Area: sq. ft.			Project lead job no.	

9 Additional Considerations, Limitations or Restrictions

Yes	No	Yes	No	9F	Structural Peer Reviewer License No. P.E.	
9A	<input type="checkbox"/> <input type="checkbox"/>	Structural peer review required per BC §1627 <i>If yes, 9F</i>	<input type="checkbox"/> <input type="checkbox"/>	Landmark	9G	Local Law No(s) Year
9B	<input type="checkbox"/> <input type="checkbox"/>	Filed to Comply with Local Law <i>If yes, 9G</i>	<input type="checkbox"/> <input type="checkbox"/>	"Little E" Hazmat Site		
	<input type="checkbox"/> <input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/> <input type="checkbox"/>	Unmapped Street	9H	Violation No(s)
	<input type="checkbox"/> <input type="checkbox"/>	Restrictive Declaration / Easement <i>If yes, 9M</i>	<input type="checkbox"/> <input type="checkbox"/>	Filing to Address Violation(s) <i>If yes, 9H</i>		
	<input type="checkbox"/> <input type="checkbox"/>	Zoning Exhibit (I, II, III, etc.) <i>If yes, 9N</i>	<input type="checkbox"/> <input type="checkbox"/>	Included in LMCCC	9I	BSA Calendar No(s)
	<input type="checkbox"/> <input type="checkbox"/>	Requesting legalization of work where no work w/o a permit violations have been issued	<input type="checkbox"/> <input type="checkbox"/>	Infill Zoning		
9C	<input type="checkbox"/> <input type="checkbox"/>	Adult Establishment <i>If yes, plot diagram (except DM)</i>	<input type="checkbox"/> <input type="checkbox"/>	Loft Board	9J	CPC Calendar No(s)
	<input type="checkbox"/> <input type="checkbox"/>	Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input type="checkbox"/>	Quality Housing		
	<input type="checkbox"/> <input type="checkbox"/>	Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input type="checkbox"/>	Site Safety Job/Project		
	<input type="checkbox"/> <input type="checkbox"/>	Single Room Occupancy (SRO) Multiple Dwelling			9K	High-Rise Team Tracking Number:
	<input type="checkbox"/> <input type="checkbox"/>	Filing includes Lot Merger / Reapportionment <i>If yes, 17</i>				
9D	<input type="checkbox"/> <input type="checkbox"/>	Includes permanent removal of standpipe, sprinkler or fire suppression related systems				
9E	<input type="checkbox"/> <input type="checkbox"/>	Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i>				
	<input type="checkbox"/> <input type="checkbox"/>	Structural Stability affected by proposed work				
9L	<input type="checkbox"/> <input type="checkbox"/>	Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]				
9M	CRFN(s) Restrictive Declaration / Easement (max. 4):					
9N	CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):					

10 NYCECC Compliance *New York City Energy Conservation Code*

- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is in compliance with the NYCECC*
☐ Energy analysis is on another job number: _____
 Yes No
☐ ☐ This application is, or is part of, a project that utilizes trade-offs among different major systems
☐ ☐ This application utilizes trade-offs within a single major system
- ☐ To the best of my knowledge, belief and professional judgment, all work under this application is exempt from the NYCECC* in accordance with one of the following: *Choose one*
☐ The work is an alteration of a State or National historic building.
☐ The scope of work is entirely in a "low-energy building" and is limited to the building envelope.
☐ The scope of work does not affect the energy use of the building.
☐ This is a post-approval amendment and exempt under a prior edition of the energy code. See statement of exemption on attached drawings.

* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description**11A Related DOB Job Numbers**

11B Primary application job no.

12 Zoning Characteristics

12A District(s) Overlay(s) Special Dist.(s) Map Number	12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private <i>If the zoning lot includes multiple tax lots, list all tax lots here ►</i>
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12C Proposed:	Use*	Zoning	Floor Area	District	FAR	Proposed Lot Details:	Proposed Yard Details:
			sq. ft.			Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through	Check here if no yards: <input type="checkbox"/> or
			sq. ft.			Lot Coverage _____ %	Front Yard _____ ft.
			sq. ft.			Lot Area _____ sq. ft.	Rear Yard _____ ft.
			sq. ft.			Lot Width _____ ft.	Rear Yard Equivalent _____ ft.
			sq. ft.			Proposed Other Details:	Side Yard 1 _____ ft.
			sq. ft.				Side Yard 2 _____ ft.
Proposed Totals			sq. ft.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Total			sq. ft.			If yes, no. of parking spaces: _____	
						Perimeter Wall Height _____ ft.	

**Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.*

13 Building Characteristics *Main use/dominant occupancy per AC §28-101.5. **Use 2008 Code equivalents only. †Residential w/other use.

13A Primary structural system, choose one :					
<input type="checkbox"/> Masonry		<input type="checkbox"/> Concrete (CIP)		<input type="checkbox"/> Concrete (Precast)	
<input type="checkbox"/> Wood		<input type="checkbox"/> Steel (Structural)		<input type="checkbox"/> Steel (Cold-Formed) <input type="checkbox"/> Steel (Encased in Concrete)	

13B	Existing	Proposed	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input type="checkbox"/> Other	Mixed use building? <input type="checkbox"/> Yes <input type="checkbox"/> No
Structural Occupancy Category				
Seismic Design Category		2008 Code Designations?		
13C Occupancy Classification*		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction Classification		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Multiple Dwelling Classification				

13E	Existing	Proposed	Building Height _____ ft.	Building Stories _____	Dwelling Units _____
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13F Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968
 The earliest Code with which this building or any part of it is required to comply: ☐ 2008 ☐ 1968 ☐ Prior to 1968

14 Fill Choose **one**.

☐ Not Applicable ☐ On-Site ☐ Off-Site ☐ Under 300 cubic yards

15 Construction Equipment

☐ Chute ☐ Sidewalk Shed Construction Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA Approval No. _____
☐ Supported Scaffold ☐ Other: _____

16 Curb Cut Description

Size of cut (with splays): _____ ft.
 Distance to nearest corner: _____ ft.
 on street: _____

17 Tax Lot Characteristics

Original tax lots being merged or reapportioned (if applicable):

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Tentative tax lot numbers (new tax lots only):

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18 Fire Protection Equipment

	Existing	Proposed
	Yes	No
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>
Standpipe	<input type="checkbox"/>	<input type="checkbox"/>

19 Open Spaces

	Existing	Proposed		Existing	Proposed
Plaza Area	sq. ft.	sq. ft.	Arcade Area	sq. ft.	sq. ft.
Parking Area	sq. ft.	sq. ft.	Parking Spaces		
Loading Berths	sq. ft.	sq. ft.	Loading Berths		

20 Site Characteristics

Yes No
☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal
☐ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details *Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Yes No

- 21A ☐ ☐ Demo. filing is for a secondary structure? *If yes, specify structure being demolished:*
☐ ☐ Mechanical means* from out of building? *If yes, mechanical means will demolish:* ☐ entire structure or ☐ part of structure
☐ ☐ Mechanical means* from within building? *If yes, describe equipment proposed:*
- 21B ☐ ☐ Demolition work affects the exterior building envelope

22 Asbestos Abatement Compliance Choose one.

- ☐ The scope of work requires related asbestos abatement as defined in the regulations of the NYC Department of Environmental Protection (DEP).
☐ The scope of work does **not** require related asbestos abatement as defined in the regulations of the NYC DEP.
☐ The scope of work is exempt from the asbestos requirement as defined in the regulations promulgated by the NYC DEP (15 RCNY 1-23(b)).

23 Sign

Purpose:	Type:	Estimated Cost: \$	23A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 23A	Total Square Feet: _____	Yes No
<input type="checkbox"/> Non-Advertising	<input type="checkbox"/> Non-Illuminated	Height above Curb: _____ ft. in.	<input type="checkbox"/> <input type="checkbox"/> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 26B</i>
Location: <input type="checkbox"/> Ground <input type="checkbox"/> Roof 23B <input type="checkbox"/> Wall	Height above Roof: _____ ft. in.		23B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?
Yes No			23C Sign wording. <i>If extensive, provide only key wording.</i>
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? <i>If no, sign projects by:</i> _____ ft. in.			
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? <i>If no, 23C</i>			23D Distance from Arterial Highway: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 23G</i>			23E Distance from Park 1/2 acre or more: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 23D</i>			23F OAC Sign Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 23E</i>			23G OAC Registration Number: _____

► *If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 23F*

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.**25 Applicant's Statements and Signatures** Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. I prepared or supervised the preparation of the construction documents and specifications herewith submitted and to the best of my knowledge and belief, the construction documents and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and rules, ☐ (←check here if) except as set forth in the accompanying documents. I acknowledge that I have read and complied with all instructions pertaining to this application and supplementary schedules submitted.

Cluster Development Statement (if applicable): I hereby state that all specifications relating to this job are identical to those previously filed under the group lead job number, except as specified herein.

Yes No

- ☐ ☐ **For initial New Building and Alteration 1 applications filed under the 2008 NYC Building Code only:** does this building qualify for high-rise designation?
- ☐ ☐ **Directive 14 initial applications only:** I certify that the construction documents submitted and all construction documents related to this application do not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy.

Name (please print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

26 Property Owner's Statements and Signatures

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Yes No

☐ ☐ **Fee Deferred Request Statement**

I hereby request a fee deferral for the work proposed on this application and understand that **all fees must be paid before issuance of any Certificate of Occupancy or job sign off.**

☐ ☐ **Fee Exemption Request Statement**

In accordance with §28-112.1 of the NYC Administrative Code I hereby state that the proposed work involves a building or property owned or used exclusively for the purposes indicated in such section.

☐ ☐ **Owner's Certifications Regarding Occupied Housing**

The site of the building to be altered or demolished, or the site of the new building to be constructed, contains one or more occupied dwelling units that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction documents.

☐ ☐ The site of the building to be altered or demolished, or the site of the new building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title 26 of the New York City Administrative Code. **If yes, select one of the following:**

☐ The owner is not required to notify the Division of Housing and Community Renewal (DHCR) of the owner's intention to file because the nature and scope of the work proposed, pursuant to DHCR regulations, does not require notification.

☐ The owner has notified the Division of Housing and Community Renewal (DHCR) of its intention to file such construction documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as preconditions for such [filing/application].

Provide date DHCR notified:

☐ ☐ **Owner's Certification for Adult Establishments**

I authorize and intend to create, enlarge, or extend an establishment with adult activity and/or adult material as defined in ZR §12-10 "adult establishment" or related sign at the subject premises.

☐ ☐ **Owner's Certification for Directive 14 Applications (if applicable)**

I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy. Furthermore, I understand that I am responsible for retaining a qualified design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ DCAS ☐ HHC ☐ NYCHA
☐ Partnership ☐ DOE ☐ HPD ☐ NYS
☐ Corporation 26A ☐ Other Government
☐ Condo Unit Owner or Co-Op Tenant-shareholder 26A
 Is the owner a non-profit organization? ☐ Yes ☐ No

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date

26A Condo/Co-Op Board or Corporation Second Officer

Name (please print):

Title:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Signature and Date*

**Signature required for authorized representative of Condo or Co-Op board. Second officer signature not required for corporations.*

26B Lessee Responsible for Annual Sign or Marquee Permit

Name (please print):

Relationship to Owner:

Business Name/Agency:

Street Address:

City:

State:

Zip:

Telephone Number:

Fax:

E-Mail Address:

Internal Use Only

Pre-Filer Name:

Pre-Filer Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes: