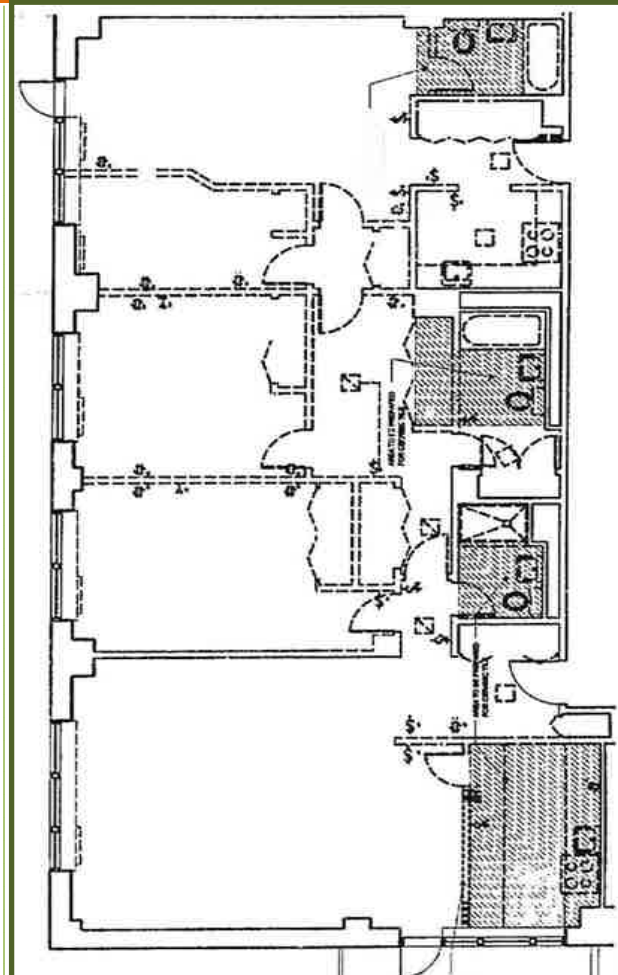


Disappearing Before Our Eyes:

*How NYU Has Eliminated and Warehoused
Faculty Housing Units
in Washington Square Village,
Even As They Ask to Overturn Zoning Rules
To Build More Faculty Housing*



Greenwich Village Society
For Historic Preservation



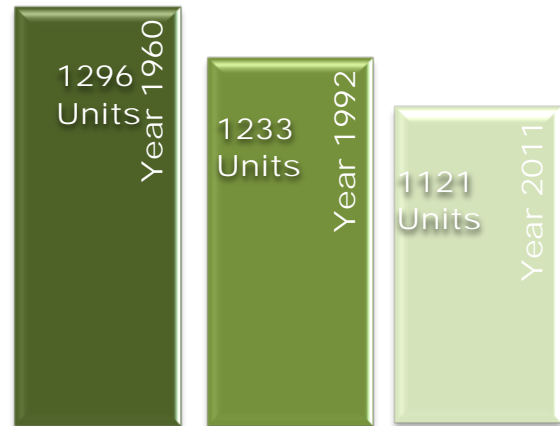
www.gvshp.org

232 East 11th Street

New York, NY 1003

Apartments Sacrificed by NYU at Washington Square Village for Combinations

- Currently there are a total of 1,121 apartments in the four buildings that comprise the Washington Square Village complex.
- According to the 1992 Certificates of Occupancy the buildings had 1,233 apartments or 112 more units than today.
- When construction was completed in 1960 the buildings had 1296 apartments or 175 more units than today.
- The number of units in the buildings is significantly reduced, today there are 14.2% fewer apartments than when built, because of apartment combinations made by New York University over the years.
- Between 1960 and 1992 the buildings lost 63 apartments likely to combinations.
- Between 1992 and 2011 there were 40 applications for 80 apartment combinations filed with the Department of Buildings.
- These 40 applications recorded that since 1992, 197 apartments were combined into larger units, sacrificing 112 apartments.
- Residents report that units are being warehoused (left empty) throughout the complex: at least 17 units in 1 Washington Square Village, 15 to 20 units in 2 Washington Square Village, 14 apartments at 3 Washington Square Village, and 18 apartments in 4 Washington Square Village.
- The 2010 Census reports a 56% increase in the number of vacancies compared to the 2000 Census and a total of 288 vacant units in the census tract dominated by NYU housing.



*Reduction in Units in Washington Square Village
1960, 1992, and 2011*

Attachments

- I. Change in Apartment Units from 2000-2010 Census**
- II. Floor Plans for Apartment Combinations at Washington Square Village**
 - 1. 4 Washington Square Village Combination of Units 17P, S & T
 - 2. 2 Washington Square Village Combination of Units 2P, R, T & V
 - 3. 3 Washington Square Village Combination of Units 3B & D
- III. Certificates of Occupancy for Washington Square Village**
 - 1. 1959 and 1960 Housing Classification for 1 & 2 Washington Square Village
 - 2. 1992 Certificate of Occupancy for 1 & 2 Washington Square Village
 - 3. 1960 Certificate of Occupancy for 3 & 4 Washington Square Village
 - 4. 1992 Certificate of Occupancy for 3 & 4 Washington Square Village
- IV. New York University Correspondence with Department of Buildings**
 - 1. November 12, 1992 Letter to Department of Buildings Regarding Ongoing Apartment Combinations
 - 2. March 9, 2004 Letter to Department of Buildings Regarding Objection to Not Filing for Amended Certificate of Occupancy
- V. Washington Square Village Building and Apartment Floor Plans**
 - 1. Floor Plan for 1 & 2 Washington Square Village
 - 2. Floor Plan for 3 & 4 Washington Square Village
- VI. Department of Buildings Records of Permit Applications for Combinations, 1992 - 2011**
 - 1. Permit Applications for 1 Washington Square Village
 - 2. Permit Applications for 2 Washington Square Village
 - 3. Permit Applications for 3 Washington Square Village
 - 4. Permit Applications for 4 Washington Square Village

Change in Apartment Units for Census Tract 55.01 Which Includes Washington Square Village and Silver Towers



	2000	2010	Change in Units from 2000-2010
Total Housing Units	2480	2370	-110
Total Occupied Housing Units	2317	2082	-235
Total Vacant Housing Units	163	288	115

Source: U.S. Census Bureau, 2010 and 2000 Census

Floor Plans for Apartment Combinations at Washington Square Village



SITE PLAN

Apartment Combinations - Units 17P, 17S, and 17T into a 4 bedroom apartment

MAR 26 2001

BID SET
03.16.07

**NAPACH
ROTHENBERG
ARCHITECTS, LLP**

**73 SPRING STREET
NEW YORK, N.Y. 10012
PHONE: 212-274-9825
FAX: 212-274-8132**

CONVERSIONS 2007
4 Washington Square Village
apt 17P5T
New York, NY

104707657
CONSTRUCTION PLAN

Scale 1/18-1/19

A1.07.b

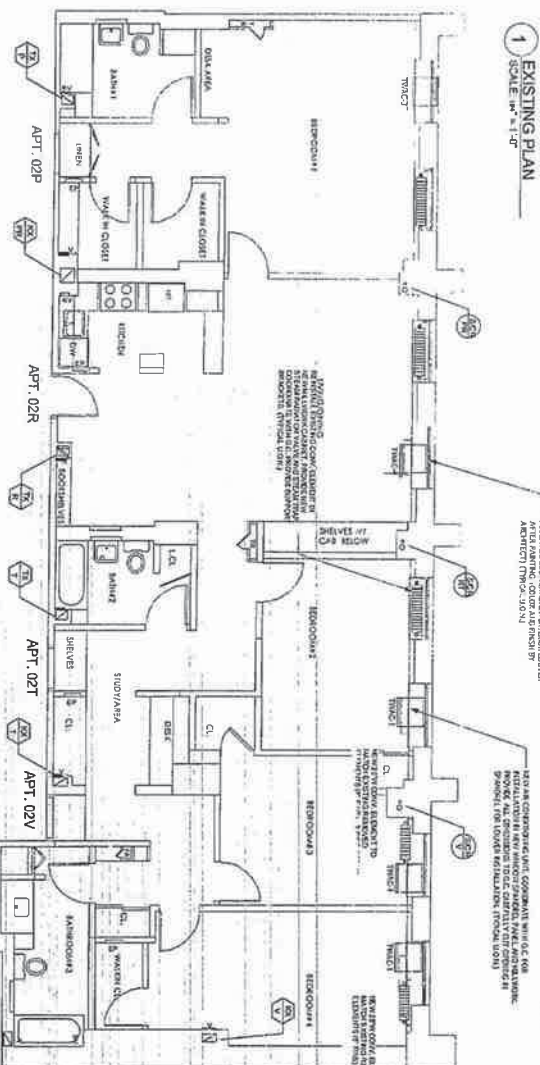
CAREFULLY REMOVE EXISTING AIR
CONDITIONING UNIT LOUVER, CLEAN
SCAFFE AND APPLY PRIMER. STON-
SAFE LOCATOR FOR REINSTALLATION
(Type)



GENERAL NOTES-MECHANICAL

- [illegible]

1
SCALE IN" = 1'-0"



SCALE: 100

2 Washington Square Village
Apartment Combinations - Units 2P, 2R, 2T, and 2V into a 4 bedroom apartment.

**Approved for Distribution
Professional Certificate
Manufacturing**

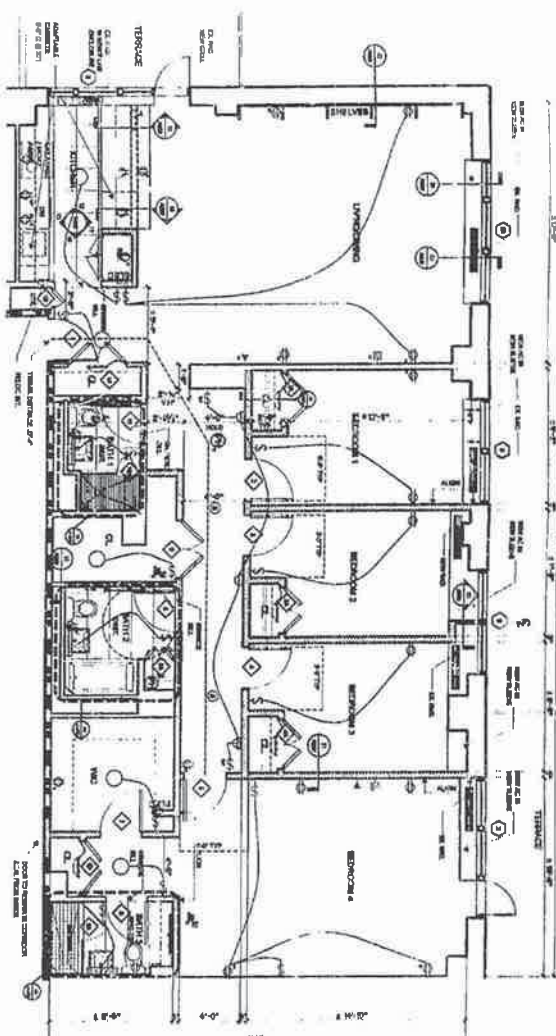
M1.1

BID SET
03.16.07

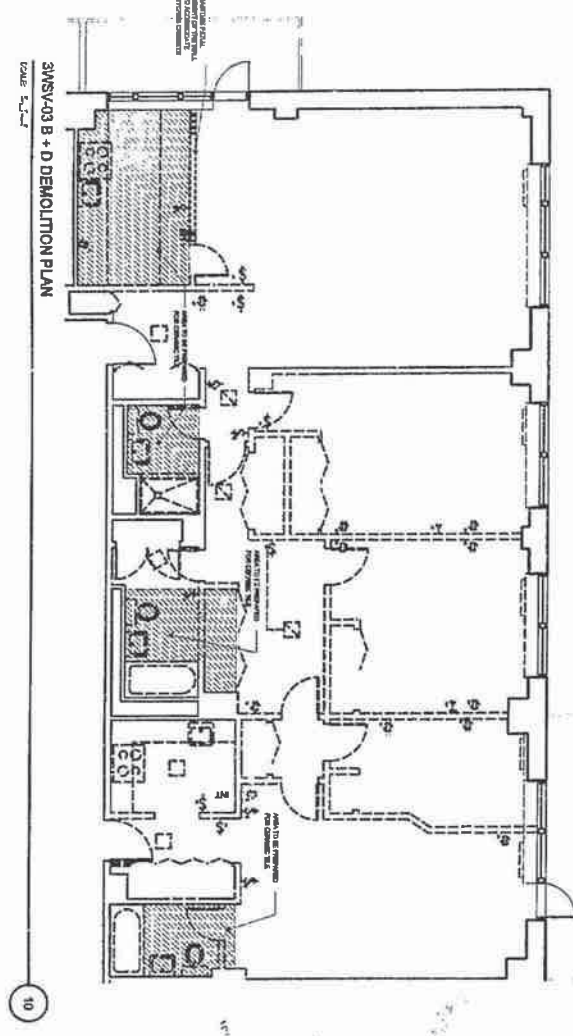
CONVERSION 2007
2 Washington Square Village
apts 2PRTV

MECHANICAL WORK
FLOOR PLANS

DATE _____



3MSV403 B + D PLAN
Scale 1/8" = 1'-0"



3MSV403 B + D DEMOLITION PLAN
Scale 1/8" = 1'-0"

NO.	DESCRIPTION	UNIT	DATE
1	REVISION	1	11/11/2005
2	REVISION	2	11/11/2005
3	REVISION	3	11/11/2005
4	REVISION	4	11/11/2005
5	REVISION	5	11/11/2005
6	REVISION	6	11/11/2005
7	REVISION	7	11/11/2005
8	REVISION	8	11/11/2005
9	REVISION	9	11/11/2005
10	REVISION	10	11/11/2005

NOTES:

1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
2. ALL WALLS ARE 12" THICK UNLESS NOTED OTHERWISE.
3. ALL FLOORS ARE 4" THICK CONCRETE UNLESS NOTED OTHERWISE.
4. ALL CEILINGS ARE 8" THICK CONCRETE UNLESS NOTED OTHERWISE.
5. ALL ROOFS ARE 6" THICK CONCRETE UNLESS NOTED OTHERWISE.
6. ALL EXTERIOR WALLS ARE 16" THICK CONCRETE UNLESS NOTED OTHERWISE.
7. ALL EXTERIOR ROOFS ARE 8" THICK CONCRETE UNLESS NOTED OTHERWISE.
8. ALL EXTERIOR FLOORS ARE 4" THICK CONCRETE UNLESS NOTED OTHERWISE.
9. ALL EXTERIOR CEILINGS ARE 8" THICK CONCRETE UNLESS NOTED OTHERWISE.
10. ALL EXTERIOR ROOFS ARE 6" THICK CONCRETE UNLESS NOTED OTHERWISE.

LEGEND:

- 1. Hatching: DEMOLITION
- 2. Dashed line: EXISTING
- 3. Solid line: PROPOSED
- 4. Circle with cross: DOOR
- 5. Circle with dot: WINDOW
- 6. Square with cross: CLOSET
- 7. Square with dot: BATH
- 8. Square with cross: KITCHEN
- 9. Square with dot: LIVING
- 10. Square with cross: BEDROOM

DATE: 11/11/2005

3 Washington Square Village
Apartment Combinations - Units 3B and 3D into a 4 bedroom apartment



Certificates of Occupancy for Washington
Square Village

**DEPARTMENT OF BUILDINGS
DIVISION OF HOUSING CLASSIFICATION CARD**

BOR.....

(Used Only for Charter—Ch. 26 §646e)

~~AVENUE~~ STREET WEST B WAY 242-245 HENRY ST NO. 53563 BLOCK. 33 LOT. 3-25 DATE.....19..... VOL..... SEC.....

OWNER

ADDRESS

OLD CLASSIFICATION

ERECTED

DEMOLISHED

NEW CLASSIFICATION HEREAFTER ERECT. CL. 4A ALTERATION — NEW BLDG. 73-7

PLAN PERMIT NO.

C. O. NUMBER 50492

DATE C. O. ISSUED 4-23-69

FIREPROOF ☒

NON-F. P.

MATERIAL

ZONING USE DIST. RESIDENCE

STORIES	X	C	*	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL	
Sleeping Rooms Class "B"		UNCL. HERITAGE - 5 STORIES - 100' x 100' - 100' x 100'																			
Other Living Rooms																					
Class "A" Apts.				30	36	42	42	42	42	42	42	42	42	42	42	42	42	42	42	16	670
Stores-Business																					

ELEVATOR

SELF-SERVICE

INCINERATOR

BAKERY

CENTRAL HEATING SYSTEM

If No Records are Available State Basis on Which Classification of Building Was Determined by Borough Chief Inspector:

DATE ENTERED ON RECORDS

CLERK

APPROVED BOR. CHIEF INSP.

Form 1024A-6M-702960 (57)

Over

ROOMS PER APARTMENT

	S.C.	CELL.	BASE	1	2	3	4	5	6	7									TOTAL
1 ROOM																			
2 ROOMS																			
3 ROOMS																			
4 ROOMS																			
5 ROOMS																			
6 ROOMS																			
7 ROOMS																			
8 ROOMS																			
9 ROOMS OR MORE																			
TOTAL																			

REMARKS:

**DEPARTMENT OF BUILDINGS
DIVISION OF HOUSING CLASSIFICATION CARD**

BOR.....

(Used Only for Charter—Ch. 26 §646e)

AVENUE W. B. W. PL. BLDG. #1 234-145 HERCEAST. 12-60-4-3 ST. NO. 553-563 BLOCK 533 DATE 2-10-60 19.....
STREET 12-60-4-3 ST. NO. 553-563 BLOCK 533 LOT 533 VOL..... SEC.....

OWNER _____ ADDRESS _____

OLD CLASSIFICATION _____ ERECTED _____ DEMOLISHED _____

NEW CLASSIFICATION HEREAFTER ERECT. - CL 4A ALTERATION 7357 NEW BLDG. _____

PLAN PERMIT NO. _____ C. O. NUMBER 51868 DATE C. O. ISSUED 2-10-60

FIREPROOF ☒ NON-F. P. _____ MATERIAL _____ ZONING USE DIST. RES.

STORIES	<input checked="" type="checkbox"/>	C	<input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Per	TOTAL
Sleeping Rooms Class "B"																					
Other Living Rooms																					
Class "A" Apts.				30	36	42	42	42	42	42	42	42	42	42	42	42	42	42	42	16	670
Stores-Business																					

ELEVATOR _____ SELF-SERVICE _____ INCINERATOR _____ BAKERY _____ CENTRAL HEATING SYSTEM _____

If No Records are Available State Basis on Which Classification of Building Was Determined by Borough Chief Inspector:

DATE ENTERED ON RECORDS _____ CLERK _____ APPROVED BOR. CHIEF INSP. [Signature]
Form 1024A-B&L-702853 (58) 10 Over

ROOMS PER APARTMENT

	S.C.	CELL	BASE	1	2	3	4	5	6	7										TOTAL
1 ROOM																				
2 ROOMS																				
3 ROOMS																				
4 ROOMS																				
5 ROOMS																				
6 ROOMS																				
7 ROOMS																				
8 ROOMS																				
9 ROOMS OR MORE																				
TOTAL																				

REMARKS:

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS

ALT# 1028/89

CERTIFICATE OF OCCUPANCY

AMENDED
100048

BOROUGH MANHATTAN

DATE: FEB 11 1992 NO.

This certificate supersedes C.O. NO.

ZONING DISTRICT R7-2,C1-5

THIS CERTIFIES that the ~~NEW~~ altered ~~XXXXXX~~ building—premises located at

8-60 West 3rd Street/553-563 W. Broadway, 239-245 Block 533 Lot 1

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 HEREIN.

Mercer Street

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ. FT.	MAXIMUM NO. OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Cellar	grade				2		Incinerator and storage, carriage tenant's laundry meter, boiler and porter's locker rooms
1st Floor	40/75		22	29	2	J-2	22 Apartments, mail and package rooms, bldg. lobbies, dental office bldg. mtg. office law institute blood collection center
		10			4	E	
		10			4	E	
		20			4	* E	
		10			4	* E	
2nd Floor	40		33	59	2	J-2	33 Class A apartments
3rd Floor	40		42	72	2	J-2	42 Apartments
4th Floor	40		40	74	2	J-2	40 Class A apartments
5th Floor	40		42	72	2	J-2	42 Apartments
6th Floor	40		41	73	2	J-2	41 Class A apartments
7th Floor	40		41	73	2	J-2	41 Class A apartments
8th Floor	40		40	74	2	J-2	40 Class A apartments
9th Floor	40		40	74	2	J-2	40 Class A apartments
10th Floor	40		41	73	2	J-2	41 Class A apartments
11th Floor	40		39	75	2	J-2	39 Class A apartments
12th Floor	40		41	73	2	J-2	41 Class A apartments
13th Floor	40		40	74	2	J-2	40 Class A apartments

(CONTINUED)

OPEN SPACE USES

(SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

M.G.

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Valerie B. Miller
BOROUGH SUPERINTENDENT

Anthony J. R. [Signature]
COMMISSIONER

☐ ORIGINAL ☒ OFFICE COPY - DEPARTMENT OF BUILDINGS ☐ COPY

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS ALT# 1028/89

CERTIFICATE OF OCCUPANCY AMENDED

100048

BOROUGH MANHATTAN

DATE: FEB 11 1982 NO.

This certificate supersedes C.O. NO.

ZONING DISTRICT R7-2, C1-5

THIS CERTIFIES that the ~~new~~ ~~altered~~ ~~existing~~ building premises located at

8-60 West 3rd Street/553-563 W. Broadway, 239-245 Block 533 Lot 1

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 HEREIN.
Mercer Street

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING DWELLING OR HOUSING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
14th Floor	40		39	75	2	J-2	39 Apartments
15th Floor	40		40	74	2	J-2	40 Apartments
16th Floor	40		40	74	2	J-2	40 Apartments
Penthouse	40		16	46	2	J-2	46 Apartments

NOTE: See certificate of occupancy #51870 for underground accessory garage for multiple dwelling under NB 73/1957 and NB 80/1958. Said garage is located between these two multiple dwellings.

Standpipe system approved by Fire Department November 13, 1958.

Fuel oil installation approve by Fire Department November 13, 1958.

* Indicates law institute office & blood collection center are non-profit organizations.

THIS CERTIFICATE OF OCCUPANCY IS VALID FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN AND IS SUBJECT TO THE RULES AND REGULATIONS OF THE DEPARTMENT OF BUILDINGS, MARCH 21ST 1967

OPEN SPACE USES

(SPECIFY PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

M.G.

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

M-5

BOROUGH SUPERINTENDENT

☐ ORIGINAL☐ OFFICE COPY - DEPARTMENT OF BUILDINGS☐ COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the Southwest distant

XXXXXX

feet from the corner formed by the intersection of

West 3rd Street

and Mercer Street

running thence South 477' 0 1/8"

feet; thence East 103' feet;

thence West 605' 10 5/8"

feet; thence North 216' 1-15/16" feet;

thence North 125' 1-3/16"

feet; thence West 103'

thence East 605' 9-5/8"

feet; thence North 133' feet;

to the point or place of beginning.

XXXXX ALT. No. 1028/89 DATE OF COMPLETION 6/14/91

CONSTRUCTION CLASSIFICATION Class 1-Fireproof

BUILDING OCCUPANCY GROUP CLASSIFICATION

HEIGHT 16 & Ph

STORIES

FEET 144' 4"

J-2

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS:

	YES	NO		YES	NO
STANDPIPE SYSTEM	Exist	X	AUTOMATIC SPRINKLER SYSTEM		
YARD HYDRANT SYSTEM					
STANDPIPE FIRE TELEPHONE AND SIGNALING SYSTEM					
SMOKE DETECTOR	Exist	X			
FIRE ALARM AND SIGNAL SYSTEM					

STORM DRAINAGE DISCHARGES INTO:

A) STORM SEWER ☐

B) COMBINED SEWER ☐

C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

SANITARY DRAINAGE DISCHARGES INTO:

A) SANITARY SEWER ☐

B) COMBINED SEWER ☐

C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO. _____

CITY PLANNING COMMISSION CAL. NO. _____

OTHERS: _____

DEPARTMENT OF BUILDINGS

BOROUGH OF MANHATTAN

, THE CITY OF NEW YORK

No. 51869

Date February 10, 1960

CERTIFICATE OF OCCUPANCY

(Standard form adopted by the Board of Standards and Appeals and issued pursuant to Section 646 of the New York Charter, and Sections C26-181.0 to C26-187.0 inclusive Administrative Code 2.13.1. to 2.13.7. Building Code.)

This certificate supersedes C. O. No. 51786

To the owner or owners of the building or premises:

THIS CERTIFIES that the new—~~existing~~—building—premises located at

521-539 West Broadway; 207-225 Mercer Street; 91 Bleecker St. 533- - - 1,26,39
 Block 534 1-5, 34, 35
 536- Lot- 1-3, 32-44

, conforms substantially to the approved plans and specifications, and to the requirements of the building code and all other laws and ordinances, and of the rules and regulations of the Board of Standards and Appeals, applicable to a building of its class and kind at the time the permit was issued; and

CERTIFIES FURTHER that, any provisions of Section 646F of the New York Charter have been complied with as certified by a report of the Fire Commissioner to the Borough Superintendent. Class 1

N.B. or All. No.— 89-1958

Hereafter Erected

Construction classification— fireproof

Occupancy classification— Class "A" Mult. Dwelling. Height 17 stories, 154'-11 3/4" feet.

Date of completion— February 10, 1960

Located in Residence Use District

C

Area 2

Height Zone at time of issuance of permit 162-1959; 1526-1958; 1291-1958

This certificate is issued subject to the limitations hereinafter specified and to the following resolutions of the Board of Standards and Appeals: (Calendar numbers to be inserted here) 3d. of Est. Cal. 1-6/27/57

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOADS Lbs. per Sq. Ft.	PERSONS ACCOMMODATED			USE
		MALE	FEMALE	TOTAL	
Cellar	on ground				Storage, boiler room, tenants' laundry, meter and incinerator rooms and porter's room (no living).
1st story	40 & 75				Twenty-four (24) apartments, package and mail rooms, management offices and lobbies of building.
2nd story	40				Thirty-two (32) apartments.
3rd to 17th story, incl.	40 each				Thirty-eight (38) apartments, on each story.
NOTE: See Certificate of Occupancy #51870 for underground accessory garage for multiple dwellings under N.B. 73-1957 and N.B. 89-1958. Said garage is located between these two multiple dwellings. Fuel Oil installation approved by Fire Department October 13, 1959. Standpipe system approved by Fire Department October 13, 1959.					

Borough Superintendent

CERTIFICATE WILL BE NULL AND VOID IF ALTERED IN ANY MANNER OR ADDITIONS ARE MADE THERETO.

(Page 1)

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS

ALT# 1029/89

CERTIFICATE OF OCCUPANCY

AMENDED

BOROUGH MANHATTAN

DATE:

FEB 14 1992 NO. 100063

This certificate supersedes C.O. NO 51869

ZONING DISTRICT R7-2

THIS CERTIFIES that the ~~NEW~~ altered ~~existing~~ building—premises located at

C1-5

521-539 W. Broadway/207-225 Mercer Street

Block 533 Lot 1

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 HEREIN.

91 Beecker Street

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Cellar	grd				2	J-2	Storage, boiler room tenant's laundry meter & incin. rooms porter's room (no living)
1st Floor	40/75	15 15 10	17	30	2 4 4 4	J-2 E E E	17 Class A apartments dental office medical office non-profit inst.
2nd Floor	40		31	57	2	J-2	31 Class A apartments
3rd Floor	40		38	66			Thirty-eight (38) apartments
4th Floor	40		38	66			Thirty-eight (38) apartments
5th Floor	40		34	70	2	J-2	34 Class A apartments
6th Floor	40		38	66	2	J-2	Thirty-eight (38) apartments
7th Floor	40		37	67	2	J-2	37 Class A apartments
8th Floor	40		36	68	2	J-2	36 Class A apartments
9th Floor	40		37	67	2	J-2	37 Class A apartments
10th Floor	40		34	70	2	J-2	34 Class A apartments
11th Floor	40		37	67	2	J-2	37 Class A apartments
12th Floor	40		37	67	2	J-2	37 Class A apartments
13th Floor	40		35	69	2	J-2	35 Class A apartments
14th Floor	40		36	68	2	J-2	36 Class A apartments
15th Floor	40		38	68	2	J-2	Thirty-eight (38) apartments

(CONTINUED)

OPEN SPACE USES

(SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

N.G.

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINEDTHIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.

BOROUGH PRESIDENT

COMMISSIONER

☐ ORIGINAL ☐ OFFICE COPY - DEPARTMENT OF BUILDINGS ☐ COPY

B Form 54 (Rev. 11/87)

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS

ALT# 1029/89

CERTIFICATE OF OCCUPANCY

AMENDED

BOROUGH MANHATTAN

DATE: FEB 14 1992 NO. 100063

This certificate is amended C.O. NO 51869

ZONING DISTRICT R7-2
C1-5THIS CERTIFIES that the ~~new~~ altered—~~existing~~ building—premises located at

521-539 W. Broadway/ 207-225 Mercer Street

Block 533 Lot 1

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 HEREIN.

91 Beecker Street

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING LIMITING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
16th Floor	40		36	68	2	J-2	36 Class A apartments
17th Floor	40		37	67	2	J-2	37 Class A apartments

NOTE: See certificate of occupancy #51870 for underground accessory garage for multiple dwellings under NB 73/1957 and NB 89/1958 said garage is located between these two multiple dwellings.

Fuel oil installation approve by Fire Dept.,
October 15, 1959.

Standpipe system approved by Fire Department
October 13, 1959

OPEN SPACE USES

(SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Valery B...
BOROUGH SUPERINTENDENT

Robert J. Kin...
COMMISSIONER

☐ ORIGINAL☐ OFFICE COPY—DEPARTMENT OF BUILDINGS☐ COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the S/W side of
 distant West 3rd Street feet from the corner formed by the intersection of
 and Mercer Street
 running thence South 477' 0 1/8" feet; thence North 216' 1 15/16" feet;
 thence West 605' 10 5/8" feet; thence West 103' feet;
 thence North 125' 1-3/16" feet; thence North 133' feet;
 thence East 103' 1-3/16" feet; thence East 605' 9-5/8" feet;
 to the point or place of beginning.

~~PERMIT~~ No. 1029/89 DATE OF COMPLETION 11/22/91 CONSTRUCTION CLASSIFICATION Class 1-Fireproof
 BUILDING OCCUPANCY GROUP CLASSIFICATION Residential/Commercial HEIGHT 17 STORIES 155 FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM <u>Exist</u>	X		AUTOMATIC SPRINKLER SYSTEM		
YARD HYDRANT SYSTEM					
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM					
SMOKE DETECTOR					
FIRE ALARM AND SIGNAL SYSTEM					

STORM DRAINAGE DISCHARGES INTO:

A) STORM SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

SANITARY DRAINAGE DISCHARGES INTO:

A) SANITARY SEWER ☐ B) COMBINED SEWER ☐ C) PRIVATE SEWAGE DISPOSAL SYSTEM ☐

LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO. _____
 CITY PLANNING COMMISSION CAL. NO. _____
 OTHERS _____

New York University Correspondence with
the Department of Buildings



NEW YORK UNIVERSITY
A private university in the public service

Office of the Vice President for Administration

Elmer Holmes Bobst Library
70 Washington Square South
New York, N.Y. 10012
Telephone: (212) 998-2366

November 12, 1992

Valery Baker, R.A.
Borough Superintendent
Department of Buildings
60 Hudson Street
New York, N.Y. 10013

Re: 521-539 La Guardia Place a/k/a 3-4 Washington Square Village
Block 533 Lot 1 Manhattan

Dear Borough Superintendent Baker:

Please be advised that there is an ongoing project in the above building to create many larger apartments for faculty use by, in each case, combining two or three small apartments into a larger unit. In addition, in the case of the first floor apartments, the University is converting many of the them into Community Facility Uses.

These conversions are sporadic in timing, and dependent upon securing the necessary vacancies. Therefore, each individual project is being filed as a separate Type II application, and only for the actual construction work.

An Alt Type I application has been filed for this building, and all the actual changes of Use, and changes in apartment and room count will be "collected" and coordinated into a new Certificate of Occupancy, using this filed Alt I as a basis, in the future, when a sufficient number of conversions have been generated.

Sincerely,

Robert Goldfeld

Vice President for Administration



NYC Department of Buildings
280 Broadway, New York, NY 10007
Patricia Lancaster, AIA, Commissioner
(212) 566-5000, TTY: (212) 566-4769

OBJECTION SHEET for Directive 14

DATE: 01-07-03

PLAN EXAMINER: JOHN J. O'GRADY

APPLICATION No: 103680946

LOCATION: 4 Washington Sq. Village

Block: 533

Lot: 1

Item No.	Section of Code	Objection	Date Resolved	Recons
		Complete all items on application: Paperwork (PW-1, PW1-B)		
		Submit and complete the Asbestos evaluation ACB 4, ACP5, ACP7		
		Owner authorization required.		
		Original signature & seal on plan, application & all required items.		
- 1 -		Submit construction plan & legend & symbols for EXISTING as well as the proposed work. Identify apartments combined. Exam to continue.		LVO 3-9-04
		Submit complete plot plan showing location of premises with dimensions.		
- 2 -		Provide Property Profile	01-14-04	
		Submit MEA/BSA approval for:		
		Provide TR-1 for:		
		Show all dimensions, room and window sizes (if there are changes)		
		Provide <input type="checkbox"/> Usable <input type="checkbox"/> Adaptable for people having physical disabilities. Per LL 58/87 - provide details.		
		1) Primary entrance		
		2) Toilets		
		3) Kitchen		
		4) Path of travel		
		5) Access doors		
		6) Other		
- 3* -		Combination of 3 apartments is resulting in an INCREASE in habitable room count. Kitchenettes are being removed & CO indicates habitable room count per floor. ALT. 1 required.		

JOHN J. O'GRADY

DATE: 01-07-04; 01-14-04*



New York University
A private university in the public service

Office of Planning and Construction

269 Mercer Street, Fifth Floor
New York, NY 10003-6687
Telephone: (212) 998-1400
Fax: (212) 995-4025

German E. Roa
Assist. Director Code Compliance

March 9, 2004

NYC Department of Buildings
280 Broadway - 3rd Floor
New York, N. Y. 10007

Attn: Ms. Laura Osorio, R.A.
Borough Commissioner

Re: NYU - 3-4 Washington Square Village
DOB #: 103680946 & 103677308

Dear Ms Osorio:

I am hereby respectfully requesting Reconsideration to Objection #3, as outlined on Objection list dated Jan. 14, 2004, issued by plan examiner John O'Grady as follows:

Objection: "Combination of 3 apartments is resulting in an increase in habitable room count. Kitchenettes are being removed and C of O indicates room count per floor, Alt I required."

Reconsideration is requested on the following basis:

1. The proposed combination of the apartments is being made following the guidelines of the New York City Charter Revision implemented under LL 77/68, extended to include new code multiple dwellings by TPPN #3/97.
2. While the plan examiner's concern with the room counts listed on the Certificate of Occupancy is duly noted, it would be fair to note that the combination of the apartments does not only reduce the number of apartments but also reduce the legal number of families, without increasing the bulk of the building as stipulated in the aforementioned Charter Amendment.
3. Furthermore, if we consider the Certificate of Occupancy numbers relating to "Zoning Dwelling Units and Code Habitable Rooms" and use the ratio of listed number of habitable rooms to listed number of apartments it could be clearly argued, that the resulting number of habitable rooms is in fact reduced by more than 5%. (Exist. Habit. Rooms/Exist. No. Apart. = $66/38 = 1.74$. - Therefore: Proposed No. Apart. $64 \times 1.74 = 62.64$, this is less than 66).
4. Additionally, it would be worth noting that the apartments being combined are the smallest in floor area, namely three (3), one (1) room "Studio Apartments", with the resulting unit being a three (3) bedroom unit with a combination living/dining room. However, the floor area used remains constant, so the additional habitable room might be considered a negligible issue as the overall effect on the floors in question is the reduction of the total number of apartments by two (2) apartments.

March 9, 2004

Laura V. Osorio, R. A.

5. The proposed apartment's combination will not affect or compromise, in any way, the buildings existing means of egress or the life, fire or safety systems/infrastructure.

6. Lastly, I would like to underscore, on behalf of the University, the fact that our request is not intended to set a precedent but rather as a one time grant addressing a difference of opinion in the interpretation of the previously referenced Local Law (LL77/68) and current city regulations (TPPN #3/97) concerning the combination of apartments, between the plan examiner and the university's architectural consultant.

I thank you in advance for all your help and please do not hesitate to contact our office if you have any questions.

Very truly yours,

German E. Roa

German E. Roa

ok to accept as stated
above
Laura V Osorio
3/9/04

11
JOHN J. O'GRADY

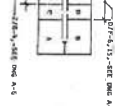
MAR 11 2004

ACCEPTABLE FOR PERMIT
UNDER DIRECTIVE NO. 14/1975

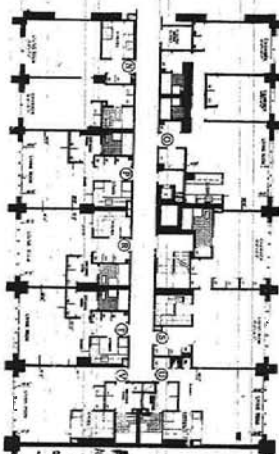
Washington Square Village Building and Apartment Floor Plans



8/8-15, -SEE OMO A-5



9160 TWO SECOND FLOOR PLAT



RECEIVED
DEPARTMENT OF BUILDINGS
JAN 22 1999
DIV OF NEW YORK
BUILDINGS DEPT

DATE	8057	REVISIONS
A-2	8057	

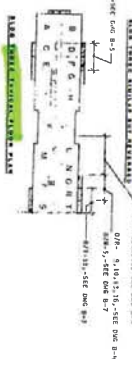
WASHINGTON SQUARE VILLAGE



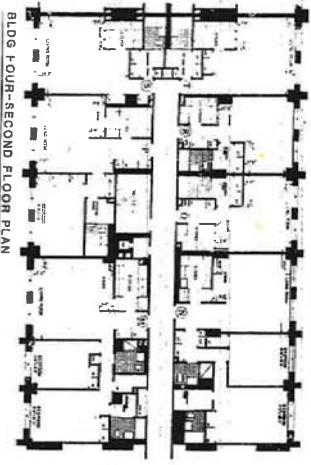
Ellen S. Seltzer P.C.
111 WASHINGTON STREET, NEW YORK, NEW YORK 10038-3204
Architect A.A.



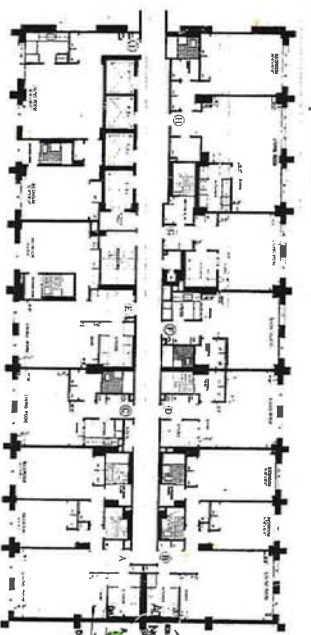
FOURTH FLOOR-TYPICAL FLOOR PLAN



FOURTH FLOOR-TYPICAL FLOOR PLAN



FOURTH FLOOR-TYPICAL FLOOR PLAN



FOURTH FLOOR-TYPICAL FLOOR PLAN

ALI 1029/88

REV	DATE	DESCRIPTION
B-2	12/12/88	8057

WASHINGTON SQUARE VILLAGE KEY PLANS

Elliot Saltzman p.c.
Architects A.I.A.

Department of Buildings Records of Permit Applications for Combinations, 1992-2011


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings
Application Details

JUMP TO: Doc 1 [Go](#)

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1

Job No: 102452695

Document: 01 OF 4

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 03/24/2000 (R)

Application approved on: 06/08/2001

Pre-Filed: 09/17/1999 **Building Type:** Other

Estimated Total Cost: \$70,000.00

Date Filed: 09/20/1999 **Fee Structure:** STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 008,013,015,016

Apt/Condo No(s): 3ce1, 3su1, 5su1, 6su

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Address: 440 Park Avenue South NY NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Address: 440 Park Avenue South NY NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique Arana**Business Name:** Michael Zenreich Architect**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**

- ☐ **Alteration Type 1**
- ☐ Change in Exits/Egress
 - ☐ Change in Number of Stories
 - ☐ Change in Number of Dwelling Units
 - ☐ Change in Room Count / Dwelling Units
 - ☐ Change in Occupancy / Use
 - ☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT "No Work"**
- ☐ **New Building**
- ☒ **Alteration Type 2**
- ☐ **Alteration Type 3**
- ☐ **Sign**
- ☐ **Full Demolition**
- ☐ **Subdivision: Improved**
- ☐ **Subdivision: Condo**
- Directive 14 acceptance requested?** ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler**
- ☐ **FA - Fire Alarm**
- ☐ **FB - Fuel Burning**
- ☐ **FS - Fuel Storage**
- ☐ **FP - Fire Suppression**
- ☒ **MH - Mechanical**
- ☒ **PL - Plumbing**
- ☐ **SD - Standpipe**
- ☐ **SP - Sprinkler**
- ☐ **EQ - Construction Equipment**
- ☐ **CC - Curb Cut**
- ☒ **OT - GEN CONST.**

7 Plans/Construction Documents Submitted**Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes ☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**

- ☐ ☐ **Structural peer review required per BC §1627**
- ☐ ☒ **Filed to Comply with Local Law**
- ☐ ☒ **Other, Specify:**
- ☐ ☐ **Restrictive Declaration / Easement**
- ☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**
- ☐ ☒ **Landmark**
- ☐ ☐ **Filed to Address Violation(s)**
- ☐ ☒ **Legalization**
- ☐ ☐ **"Little E" Hazmat Site**
- ☐ ☐ **Unmapped Street**
- ☐ ☒ **Adult Establishment**
- ☐ ☐ **Compensated Development (Inclusionary Housing)**
- ☐ ☐ **Low Income Housing (Inclusionary Housing)**
- ☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**
- ☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**
- ☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**
- ☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**
- Peer Reviewer License No.(P.E.):**
- Local Law No./Year:**
- Yes No**
- ☐ ☐ **Included in LMCCC**
- ☐ ☒ **Infill Zoning**
- ☐ ☒ **Loft Board**
- ☐ ☒ **Quality Housing**

- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combinations: Demolition of minor interior partitions. Construction of minor interior partitions. Minor plumbing work as per attached plans.

NO CHANGE IN USE, EGRESS OR OCCUPANCY

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 12C

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed:

2008 Code Designations?

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

POST APPROVAL AMENDMENT BEING FILED TO CORRECT SCHEDULE 'B' TO REFLECT AP- PROVED DRAWINGS. NO INCREASE IN COST. NO CHANGE IN USE, EGRESS OR OCCUPANCY

FILED HERewith REVISED SCHEDULE 'B' TO MATCH APPROVED PLANS. SCHEDULE 'B' WAS PREVIOUSLY FILED INCORRECTLY. NO ADDITIONAL COST TO THIS APPLICATION.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner: Officer

Business Name: New York U

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☒ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☒ ☐ Owner DHCR Notification DHCR Notified: 00/00/0000
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Adminst

Business Name: New York U

Business Phone: 212-998-2366

Business Address: 70 Washington Square Village New York NY 10012

Business Fax:

E-Mail:



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1 Job Type: A2 - ALTERATION TYPE 2

Job No:	<u>102452695</u>	Fee:	STANDARD
Permit No:	102452695-01-EW-MH	Expires:	08/15/2000
Seq. No.:	01	Status:	ISSUED
Work:		Work Approved:	09/22/1999

ALTERATION TYPE 2 - MECH/HVAC

Apartment combinations. Demolition of minor interior partitions. Construction of minor interior partitions. Minor plumbing work as per attached plans.

NO CHANGE IN USE, EGRESS OR OCCUPANCY

Use:	RES - RESID. BLDG - OLD CODE	Landmark:	N/A	Stories:	0
------	------------------------------	-----------	-----	----------	---

Review is requested under Building Code: Prior-to-1968

Issued to: LARRY BOSCO

GENERAL
CONTRACTOR - 0004511-GC
NON-REGISTERED:

Business: JLAWRENCECONSTRUCTIONCOMP
160 17TH_ST BKLYN NY 11215

Phone: 718-788-2828

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

BIN: 1077833 Block: 533 Lot: 1

Job No: 103204248

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 10/08/2002 (X)

Application approved on: 07/03/2002

Pre-Filed: 07/02/2002 **Building Type:** Other

Estimated Total Cost: \$35,000.00

Date Filed: 07/03/2002 **Fee Structure:** STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 016

Apt/Condo No(s): 16CE

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South New York NY 10016

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South New York NY 10016

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique/Stefano Arana/Barresi**Business Name:** Michael Zenreich Architects**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input checked="" type="checkbox"/> OT - GEN CONST | | | |

7 Plans/Construction Documents Submitted**Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes ☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:**

Yes No

☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combination. Remove and install interior partitions, doors and plumbing fixtures per attached plans. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE
Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES
Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:
Proposed:

Building Height (ft.): Existing:
Proposed: 175

Building Stories: Existing:
Proposed: 1

Dwelling Units: Existing:
Proposed: 1

Mixed use building? ☐ Yes ☐ No

2008 Code Designations?

☐ Yes ☒ No
☐ Yes ☐ No
☐ Yes ☒ No
☐ Yes ☒ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. If non-compliance is disclosed I agree to notify the owner of the remedial measures which must be taken to meet Department of Buildings' requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees or, additionally, by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the Professional Certification Program at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Budget

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:



[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

BIN: 1077833 Block: 533 Lot: 1

Job No: **103345694**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 06/13/2003 (X)

Application approved on: 01/07/2003

Pre-Filed: 12/23/2002 **Building Type:** Other

Estimated Total Cost: \$18,000.00

Date Filed: 12/24/2002 **Fee Structure:** STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1 **Street Name:** WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 006

Apt/Condo No(s): **6F, 6H**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique/Stefano Arana/Barresi**Business Name:** Michael Zenreich Architects**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☒ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GC****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**

☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combination. Minor removal and installation of interior partitions, doors and plumbing fixtures, Installation of thru-wall HVAC units. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 16

Dwelling Units: Existing:

Proposed: 1

**2008 Code
Designations?**

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Budget

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

BIN: 1077833 Block: 533 Lot: 1Job No: **103624277**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 08/11/2005 (X)

Application approved on: 12/22/2003

Pre-Filed: 11/18/2003 Building Type: Other

Estimated Total Cost: \$269,000.00

Date Filed: 11/18/2003 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#)
[Comments](#)

1 Location Information (Filed At)

House No(s): 1

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 005,011

Apt/Condo No(s): 5C, E, G, 11R, 11F

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH BERKE/PARTNERS ARCH. LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH BERKE/PARTNERS ARCH. LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

E-Mail:

Applicant Type: RA

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** JOSE/GABE AMARILLO/NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 269 MERCER STREET NEW YORK NY 10003**E-Mail:****Business Phone:** 212-998-1401**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN CONST****7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627☐ ☒ Filed to Comply with Local Law☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☒ "Little E" Hazmat Site☐ ☐ Unmapped Street☐ ☒ Adult Establishment☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems☐ ☐ Work includes partial demolition as defined in AC §28-101.5

Peer Reviewer License No.(P.E.):

Local Law No./Year:

Yes No

☐ ☐ Included in LMCCC☐ ☒ Infill Zoning☐ ☒ Loft Board☐ ☒ Quality Housing

- ☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPLICATION FILED FOR INTERIOR PARTITION DEMOLITION, REMOVAL OF EXISTIN
PLUMBING FIXTURES AND RECONSTRUCTION/CONSOLIDATION OF APARTMENTS PER PPN# 3/97 AS INDICATED ON
PLANS SUBMITTED HERewith . NO CHANGE IN USE, OCCUPANCY OR EGRESS UNDER THIS APPLICATION.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 144

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed: 637

Mixed use building? ☐ Yes ☐ No**2008 Code
Designations?**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: SR. V.P.OERATIO

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: RICHAD N BING

Title: V.P.BUDGET

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2391

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1 Job Type: A2 - ALTERATION TYPE 2

Job No:	<u>103624277</u>	Fee:	STANDARD
Permit No:	103624277-01-EW-OT	Issued:	12/24/2003
Seq. No.:	01	Expires:	01/01/2005
Work:		Filing Date:	12/24/2003 INITIAL
		Status:	ISSUED
		Proposed Job Start:	12/24/2003
		Work Approved:	12/22/2003

ALTERATION TYPE 2 - GEN CONST

APPLICATION FILED FOR INTERIOR PARTITION DEMOLITION, REMOVAL OF EXISTIN

PLUMBING FIXTURES AND RECONSTRUCTION/CONSOLIDATION OF APARTMENTS PER PPN# 3/97

AS INDICATED ON PLANS SUBMITTED HERewith . NO CHANGE IN USE, OCCUPANCY OR EGRESS
UNDER THIS APPLICATION.

Use: N/A

Landmark: NO

Stories: 0

Review is requested under Building Code: 1968

Issued to: MR RODNEY ROPE

GC SAFETY
REGISTRATION: 0002305-GCBusiness: TURNER CONSTRUCTION CO
403 EAST 30TH STREET NY NY 10016

Phone: 212-689-2372

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

BIN: 1077833 Block: 533 Lot: 1Job No: **104430787**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 05/14/2007 (X)

Application approved on: 05/11/2006

Pre-Filed: 05/11/2006 Building Type: Other

Estimated Total Cost: \$448,000.00

Date Filed: 05/11/2006 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 006,007,009,010,013,016

Apt/Condo No(s):

2 Applicant of Record Information

Name: Clayton Miller

Business Name: Bergen Street Studio

Business Address: 52 Bergen Street Brooklyn NY 10018

E-Mail:

Business Phone: 718-596-7984

Business Fax:

Mobile Telephone:

License Number: 025197

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Clayton Miller

Business Name: Bergen Street Studio

Business Address: 52 Bergen Street Brooklyn NY 10018

E-Mail:

Applicant Type: RA

Previous Applicant of Record

Business Phone: 718-596-7984

Business Fax:

Mobile Telephone:

License Number: 025197

Not Applicable

3 Filing Representative**Name:** Jason Longueira**Business Name:** Milrose Consultants, Inc.**Business Address:** 498 Seventh Avenue New York NY 10018**E-Mail:****Business Phone:** 212-643-4545**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN.CONSTRUCTN.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Combination of apartments 6A&C, 7D&F, 9D&F, 10M&N, 13D&F AND 16CE&G as per plans filed herewith in accordance with TPPN 3/97. No change in use, egress or occupancy.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012C

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 16

Dwelling Units: Existing:

Proposed: 637

Mixed use building? ☐ Yes ☐ No**2008 Code Designations?**☐ Yes ☒ No☐ Yes ☐ No☐ Yes ☒ No☐ Yes ☒ No**14 Fill**
☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards
15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: Cheryl D Mills

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-4095

Business Address: 70 Washington Square South NY NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☒ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☒ ☐ Owner DHCR Notification DHCR Notified: 05/05/2006
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Jeanne M Smith

Title: SVP

Business Name: New York University

Business Phone: 212-998-4095

Business Address: 70 Washington Square South NY NY 10012

Business Fax:

E-Mail:

[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1 Job Type: A2 - ALTERATION TYPE 2

Job No: 104430787 Fee: STANDARD
Permit No: 104430787-01-EW-OT Issued: 05/11/2006 Expires: 11/01/2006
Seq. No.: 01 Filing Date: 05/11/2006 INITIAL Status: ISSUED
Work: Proposed Job Start: 05/11/2006 Work Approved: 05/11/2006

ALTERATION TYPE 2 - GEN.CONSTRUCTN.

Combination of apartments 6A&C, 7D&F, 9D&F, 10M&N, 13D&F AND 16CE&G as per
plans filed herewith in accordance with TPN 3/97. No change in use, egress or
occupancy.

Use: RES - RESID. BLDG - OLD CODE Landmark: NO Stories: 0
Review is requested under Building Code: 1968

Issued to: BROOKS ROEFFEY

GC SAFETY
REGISTRATION: 0002305-GC

Business: TURNER CONSTRUCTION CO
345 EAST 24TH STREET NEW YORK NY 10010

Phone: 212-643-4545

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1

Job No: **120019185**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

[Document
Overview](#)[Items Required](#)[Virtual Job
Folder](#)[All Permits](#)[Schedule A](#)[Schedule B](#)[Fees Paid](#)[Forms Received](#)[All Comments](#)[C/O Summary](#)[Plumbing
Inspections](#)[Crane Information](#)[Plan
Examination](#)[After Hours Variance Permits](#)

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 12/29/2010 (R)

Application approved on: 04/20/2009

Pre-Filed: 04/20/2009 Building Type: Other

Estimated Total Cost: \$752,250.00

Date Filed: 04/20/2009 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077833

CB No: 102

Work on Floor(s): 003,011

Apt/Condo No(s): **3SU, 11CG****2 Applicant of Record Information**

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Not Provided

Previous Applicant of Record

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2ND FLOOR, WEST LOFT
NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile

Telephone:

Applicant Type: RA

License Number: 020542

3 Filing Representative

Name: M/F/D/R BUCA/CRUZ/RICH/HEUER

Business Name: RH CONSULTANTS & ASSOCIATES, INC

Business Phone: 212-947-1925

Business Address: 19 WEST 36TH STREET NEW YORK NY 10018

Business Fax: 212-947-2003

E-Mail: MARIA@RHCON.COM

Mobile Telephone:

Registration Number: B27813

4 Filing Status

[Click Here to View](#)

5 Job Types

☐ **Alteration Type 1**

☐ **New Building**

☐ Change in Exits/Egress

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Room Count / Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup.

☒ **Alteration Type 2**

☐ **Full Demolition**

☐ **Alteration Type 3**

☐ **Subdivision: Improved**

☐ **Sign**

☐ **Subdivision: Condo**

☐ **Alteration Type 1, OT "No Work"**

Directive 14 acceptance requested? ☒ Yes ☐ No

6 Work Types

☐ **BL - Boiler**

☐ **FA - Fire Alarm**

☐ **FB - Fuel Burning**

☐ **FS - Fuel Storage**

☐ **FP - Fire Suppression**

☒ **MH - Mechanical**

☒ **PL - Plumbing**

☐ **SD - Standpipe**

☐ **SP - Sprinkler**

☐ **EQ - Construction Equipment**

☐ **CC - Curb Cut**

☒ **OT - GEN. CONSTR**

7 Plans/Construction Documents Submitted

Plans Page Count: 0021

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes

☐ Horizontal ☐ Vertical

9 Additional Considerations, Limitations or Restrictions

Yes No

☐ ☒ **Structural peer review required per BC §1627**

Peer Reviewer License No.(P.E.):

☐ ☒ **Filed to Comply with Local Law**

Local Law No./Year:

☐ ☒ **Other, Specify:**

☐ ☒ **Restrictive Declaration / Easement**

☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**

☐ ☒ **Landmark**

☐ ☒ **Filed to Address Violation(s)**

☐ ☒ **Legalization**

☐ ☒ **"Little E" Hazmat Site**

☐ ☒ **Unmapped Street**

Yes No

☐ ☒ **Adult Establishment**

☐ ☒ **Included in LMCCC**

☐ ☒ **Compensated Development (Inclusionary Housing)**

☐ ☒ **Infill Zoning**

☐ ☒ **Low Income Housing (Inclusionary Housing)**

☐ ☒ **Loft Board**

☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**

☐ ☒ **Quality Housing**

- ☐ ☒ Filing includes Lot Merger / Reapportionment (If Yes,17)
☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
☐ ☒ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance New York City Energy Conservation Code (Applicant Statement)

- ☐ To the best of my knowledge, belief and professional judgment, 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:
☒ An alteration but not a substantial alteration
☐ The work is an alteration of 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.

11 Job Description

PROPOSE TO COMBINE UNITS 3S & 3U AND UNITS 11C, 11E & 11G PURSUANT TO TPPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS, GEN. PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

		2008 Code Designations?
Occupancy Classification:	Existing:	RES - RESID. BLDG - OLD CODE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Proposed:	RES - RESID. BLDG - OLD CODE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification:	Existing:	I-A: 4 HOUR PROTECTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Proposed:	I-A: 4 HOUR PROTECTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification:	Existing:	HAEA
	Proposed:	HAEA
Building Height (ft.):	Existing:	144
	Proposed:	
Building Stories:	Existing:	16
	Proposed:	16
Dwelling Units:	Existing:	637
	Proposed:	637

Mixed use building? ☒ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands

☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District

☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN E ROA

Relationship to Owner: ASST. DIR. C.C.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003**Business Fax:** 212-995-4025**E-Mail:** GERMAN.ROA@NYU.EDU**Owner Type:** CORPORATION**Non Profit:** ☒ Yes ☐ No**Yes No**

- ☐ ☒ **Owner's Certification Regarding Occupied Housing (Remain Occupied)**
- ☐ ☒ **Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)**
- ☐ ☐ **Owner DHCR Notification**
- ☐ ☒ **Owner's Certification for Adult Establishment**
- ☒ ☐ **Owner's Certification for Directive 14 (if applicable)**

Condo / Co-Op or Corporation Second Officer**Name:** MARTIN DORPH**Title:** SR. V.P.**Business Name:** NEW YORK UNIVERSITY**Business
Phone:** 212-998-8282**Business Address:** 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012**Business Fax:** 212-995-4100**E-Mail:** MARTIN.DORPH@NYU.EDU**Metes and Bounds**To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

BIN: 1077833 Block: 533 Lot: 1

Job Type: A2 - ALTERATION TYPE 2

[View Permit History](#) | [Printable \(PDF\) version of this Permit](#)

Job No:	<u>120019185</u>	Fee:	STANDARD
Permit No:	120019185-01-EW-MH	Issued:	12/29/2010
Seq. No.:	02	Expires:	12/29/2011
Work:		Filing Date:	12/29/2010 RENEWAL
		Status:	ISSUED
		Proposed Job Start:	04/24/2009
		Work Approved:	04/20/2009

ALTERATION TYPE 2 - MECH/HVAC

PROPOSE TO COMBINE UNITS 3S & 3U AND UNITS 11C, 11E & 11G PURSUANT TO TPPN 3/97.REMOVE AND REPLACE INTERIOR PARTITIONS, GEN. PLUMBING AND MECHANICAL
MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

Use: RES - RESID. BLDG - OLD CODE

Landmark: NO

Stories: 16

Site Fill: NOT APPLICABLE

Review is requested under Building Code: 1968

Issued to: MICHAEL FERRONE

GC SAFETY
REGISTRATION: 0002929-GC

Business: CALDWELL & WALSH BUILDING

60 EAST 42 ST SUITE 1365 NEW YORK NY 10165

Phone: 212-661-6979

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
 BIN: 1077833 Block: 533 Lot: 1 Job Type: A2 - ALTERATION TYPE 2

CONCRETE WORK NOT AUTHORIZED - CONCRETE PLACEMENT, FORMWORK, STEEL REINFORCING NOT PERMITTED

[View Permit History](#) | [Printable \(PDF\) version of this Permit](#)

Job No:	120019185	Fee:	STANDARD
Permit No:	120019185-01-EW-OT	Issued:	12/29/2010
Seq. No.:	02	Expires:	12/29/2011
Work:		Filing Date:	12/29/2010 RENEWAL
		Status:	ISSUED
		Work Approved:	04/20/2009

ALTERATION TYPE 2 - GEN. CONSTR

PROPOSE TO COMBINE UNITS 3S & 3U AND UNITS 11C, 11E & 11G PURSUANT TO TPPN 3/97.

REMOVE AND REPLACE INTERIOR PARTITIONS, GEN. PLUMBING AND MECHANICAL

MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

Use: RES - RESID. BLDG - OLD CODE Landmark: NO Stories: 16

Site Fill: NOT APPLICABLE

Review is requested under Building Code: 1968

Adding more than three stories: No

Removing one or more stories: No

Performing work in 50% or more of the area of the building: No

Demolishing 50% or more of the area of the building: No

Performing a vertical or horizontal enlargement adding more than 25% of the area of the building: No

Mechanical equipment other than handheld devices to be used for demolition or removal of debris to be used: No

Approved work includes concrete: No

Concrete work has been completed: No

Requesting concrete exclusion now: No

Work includes 2,000 cubic yards or more of concrete: No

Issued to: MICHAEL FERRONE

GC SAFETY
 REGISTRATION: 0002929-GC

Business: CALDWELL & WALSH BUILDING

60 EAST 42 ST SUITE 1365 NEW YORK NY 10165

Phone: 212-661-6979

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.

**1 Location Information** Required for all applications.

House No(s) 1 Street Name WASHINGTON SQUARE VILLAGE
Borough MANHATTAN Block 00533 Lot 00001 BIN 1077833 C.B. No. 102
Work on Floor(s) 3, 11 Apt. / Condo No(s) 300, 1100

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

Last Name NAPACH First Name JOEL Middle Initial M
Business Name NAPACH ROTHENBERG ARCHITECTS LLP Business Telephone (212) 274-9825
Business Address 264 CANAL STREET, 2ND FLOOR, WEST LOFT Business Fax (212) 274-8132
City NEW YORK State NY Zip 10013 Mobile Telephone
E-Mail JNAPACH@NAPACHROTHENBERG.COM License Number 020542
Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ 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 BUCA/CRUZ/RICH/HEUER First Name M/F/D/R Middle Initial
Business Name RH CONSULTANTS & ASSOCIATES, INC Business Telephone (212) 947-1925
Business Address 19 WEST 36TH STREET, 9TH FLOOR Business Fax (212) 947-2003
City NEW YORK State NY Zip 10018 Mobile Telephone
E-Mail MARIA@RHCON.COM Registration Number B27813

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

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

5 Job/Project Types Choose one and provide specified associated information.

- ☐ **Alteration Type 1** 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:
☐ Change in Exits
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT "No Work"** 8C, 9-10, 12, 13C-F, 14, 18-20, PW1A, PD1
- ☒ **Alteration Type 2** 5A, 6A-D, 8A-B, 9-10, 13C-E, 14, 20, 22
- ☐ **Alteration Type 3** 5A, 6B-F, 8C, 9-10, 13C-E, 22
- ☐ **New Building** 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1
- ☒ **Full Demolition** 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22
- ☐ **Sign** 5A, 6B-D, 9B, 22-23
- ☐ **Subdivision** 9B, 12A-B
- ☐ Condominium ☐ Improved 17
- 5A Directive 14 acceptance requested?
☒ Yes ☐ No

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 PW1C
<input type="checkbox"/> FA - Fire Alarm
<input type="checkbox"/> FB - Fuel Burning PW1C | <input type="checkbox"/> FS - Fuel Storage PW1C
<input type="checkbox"/> FP - Fire Suppression
<input checked="" type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing PW1B
<input type="checkbox"/> SD - Standpipe PW1B
<input type="checkbox"/> SP - Sprinkler PW1B | 6E <input type="checkbox"/> CC - Curb Cut 16
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 |
| 6B <input type="checkbox"/> EQ - Construction Equipment 15 | 6C <input checked="" type="checkbox"/> OT/GC - General Construction | 6D <input type="checkbox"/> OT - Other, describe: | |

DOB Reference Number: T00000149384-000238

User Ref ID: 302-148

7/08

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?	8C Estimated Job Cost \$
PL	98320					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	48150					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	605780					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		9I BSA Calendar No(s)
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9K High-Rise Team Tracking Number
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:
- ☒ An alteration but not a substantial alteration
 - ☐ Work in a historic building
 - ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNYS Exemption

*I understand the Department may require supporting analyses and documentation.
**§101.5.2.1 of the ECCCNYS only exempts thermal envelope provisions.

11 Job Description

PROPOSE TO COMBINE UNITS 3S & 3U AND UNITS 11C, 11E & 11G PURSUANT TO TPPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS, GEN. PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

11A Related DOB Job Numbers

11B Primary application job no.

12 Zoning Characteristics

12A District(s) R7-2

Overlay(s) C1-5

Special Dist.(s)

Map Number 12C

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning Floor Area	District	FAR
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
Proposed Totals	sq. ft.		
Existing Total	sq. ft.		

Proposed Lot Details:Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.

13A Primary structural system, choose one:

☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B

	Existing	Proposed
Structural Occupancy Category		
Seismic Design Category		
Occupancy Classification*	RES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification	1-A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification	HAEA	

13D Building Type: ☐ 1, 2, or 3 Family ☒ OtherMixed use building? ☒ Yes ☐ No

13E	Existing	Proposed
Building Height	144	ft.
Building Stories	16	
Dwelling Units	637	

13F

Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968The 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):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

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

23 Sign

- Purpose: ☐ Advertising ☐ Non-Advertising
 Type: ☐ Illuminated 23A ☐ Non-Illuminated
 Estimated Cost: \$ _____
 Total Square Feet: _____
 Height above Curb: _____ ft. _____ in.
 Height above Roof: _____ ft. _____ in.
 Location: ☐ Ground ☐ Roof 23B ☐ Wall
 Yes No
☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. _____ in.
☐ ☐ Designed for changeable copy? If no, 23C
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G
☐ ☐ Within 900' and within view of an arterial highway? If yes, 23D
☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E
 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

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

- ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B

23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: _____ ft.

23E Distance from Park 1/2 acre or more: _____ ft.

23F OAC Sign Number: _____

23G OAC Registration Number: _____

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

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 correct or 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 of Buildings. 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 exempt 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)

JOEL M. NARAYAN

Signature

Date

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

DOB Reference Number: T00000149384-000238

User Ref ID: 302-148

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

☐ ☒ **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 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): **GERMAN E ROA**

Relationship to Owner: **ASST. DIR. C.C.**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date:  **3/16/09**

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

Name (please print): **MARTIN DORPH**

Title: **SR. V.P.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

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:

DOB Reference Number: T00000149384

User Ref ID: 302-148

7/08


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

 JUMP TO: Doc 1

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN

 BIN: 1077833 Block: 533 Lot: 1

 Job No: **120294038**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 04/08/2010 (R)
Application approved on: 03/23/2010

Pre-Filed: 03/17/2010 Building Type: Other

Estimated Total Cost: \$300,000.00

Date Filed: 03/23/2010 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 1 Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

 BIN: 1077833

CB No: 102

Work on Floor(s): 010

Apt/Condo No(s):

2 Applicant of Record Information

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Address: 264 CANAL STREET NEW YORK NY 10013

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Business Phone: 212-274-9825

Business Fax: 212-274-8132

Mobile Telephone:

License Number: 020542

 Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Address: 264 CANAL STREET NEW YORK NY 10013

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Business Phone: 212-274-9825

Business Fax: 212-274-8132

Mobile Telephone:

Applicant Type: RA
Previous Applicant of Record
 Not Applicable

License Number: 020542

3 Filing Representative

Name: JOSE/GABE/KATHY AMARILLO/NETELLE/CIE
Business Name: NEW YORK UNIVERSITY
Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY
 10003
E-Mail: KATHY.CIESLA@NYU.EDU

Business Phone: 212-998-1460

Business Fax: 212-995-4025

Mobile Telephone:

Registration Number: X01521

4 Filing Status

[Click Here to View](#)

5 Job Types

- | | |
|---|---|
| <input type="checkbox"/> Alteration Type 1 | <input type="checkbox"/> New Building |
| <input type="checkbox"/> Change in Exits/Egress | |
| <input type="checkbox"/> Change in Number of Stories | <input checked="" type="checkbox"/> Alteration Type 2 |
| <input type="checkbox"/> Change in Number of Dwelling Units | <input type="checkbox"/> Alteration Type 3 |
| <input type="checkbox"/> Change in Room Count / Dwelling Units | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Change in Occupancy / Use | <input type="checkbox"/> Full Demolition |
| <input type="checkbox"/> Change inconsistent with current Cert. of Occup. | <input type="checkbox"/> Subdivision: Improved |
| <input type="checkbox"/> Alteration Type 1, OT "No Work" | <input type="checkbox"/> Subdivision: Condo |
| | Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

6 Work Types

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input checked="" type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input checked="" type="checkbox"/> OT - GEN. CONSTR | | | |

7 Plans/Construction Documents Submitted

Plans Page Count: 16

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes ☐ Horizontal ☐ Vertical

9 Additional Considerations, Limitations or Restrictions

Yes No

- | | |
|--|---|
| <input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 | Peer Reviewer License No.(P.E.): |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law | Local Law No./Year: |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other, Specify: | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit Record (I,II,III,etc) | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Landmark | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Address Violation(s) | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Legalization | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street | Yes No |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment | <input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing) | <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing) | <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling | <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment (If Yes,17) | |

Yes No

- ☐ ☒ **Included in LMCCC**
☐ ☒ **Infill Zoning**
☐ ☒ **Loft Board**
☐ ☒ **Quality Housing**

- ☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
☐ ☒ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

☐ To the best of my knowledge, belief and professional judgment, 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:

☒ An alteration but not a substantial alteration

☐ The work is an alteration of 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.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 10P & 10R INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: J2: RESIDENTIAL

Proposed: J2: RESIDENTIAL

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 144

Proposed:

Building Stories: Existing: 16

Proposed: 16

Dwelling Units: Existing: 637

Proposed: 637

2008 Code Designations?☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☐ Yes ☒ No**14 Fill**

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands

☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District

☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN ROA

Relationship to Owner: ASSIST.DIRECTOR

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)

☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)

☐ ☐ Owner DHCR Notification

☐ ☒ Owner's Certification for Adult Establishment

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

Condo / Co-Op or Corporation Second Officer

Name: MARTIN DORPH**Title:** SR.VP.FIN&BUDG.**Business Name:** NEW YORK UNIVERSITY**Business
Phone:** 212-998-8282**Business Address:** 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012**Business Fax:** 212-995-4100**E-Mail:** MARTIN.DORPH@NYU.EDU**Metes and Bounds**

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Work Permit Data

Premises: 1 WASHINGTON SQUARE VILLAGE MANHATTAN Filed At: 1 WASHINGTON SQUARE VILLAGE MANHATTAN
BIN: 1077833 Block: 533 Lot: 1 Job Type: A2 - ALTERATION TYPE 2

Job No:	<u>120294038</u>	Fee:	STANDARD
Permit No:	120294038-01-EW-MH	Issued:	04/07/2010
Seq. No.:	01	Expires:	01/01/2011
Work:		Filing Date:	04/07/2010 INITIAL
		Status:	ISSUED
		Proposed Job Start:	04/07/2010
		Work Approved:	03/23/2010

ALTERATION TYPE 2 - MECH/HVAC

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING

MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 10P & 10R INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Use:	J-2 - RESIDENTIAL APT HOUSE	Landmark:	NO	Stories:	16
Site Fill:	NOT APPLICABLE				
Review is requested under Building Code:	1968				

Issued to: THOMAS PARSONS

GC SAFETY
REGISTRATION: 0601778-GCBusiness: TISHMAN INTERIORS CORP
666 5TH AVENUE NEW YORK NY 10103

Phone: 212-399-3600

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.

DEPT. BLDGS.	120294038	Job Number
SC090731044		Scan Code

1 Location Information Required for all applications.

House No(s) 1	Street Name WASHINGTON SQUARE VILLAGE
Borough MANHATTAN	Block 00533 Lot 00001 BIN 1077833 C.B. No. 102
Work on Floor(s) 10	Apt. / Condo No(s)

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

Last Name NAPACH	First Name JOEL	Middle Initial
Business Name NAPACH ROTHENBERG ARCHITECTS	Business Telephone (212) 274-9825	
Business Address 264 CANAL STREET	Business Fax (212) 274-8132	
City NEW YORK State NY Zip 10013	Mobile Telephone	
E-Mail JNAPACH@NAPACHROTHENBERG.COM	License Number 020542	
Choose one: <input type="checkbox"/> P.E. <input checked="" 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 AMARILLO/NETELLE/CIE	First Name JOSE/GABE/KATHY	Middle Initial
Business Name NEW YORK UNIVERSITY	Business Telephone (212) 998-1460	
Business Address 10 ASTOR PLACE, 6TH FLOOR	Business Fax (212) 995-4025	
City NEW YORK State NY Zip 10003	Mobile Telephone	
E-Mail KATHY.CIESLA@NYU.EDU	Registration Number X01521	

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

<input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose <input type="checkbox"/> Standard Plan Examination or Review one: <input checked="" 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 (All-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 Applicant 4A, 25-26	<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 25-26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing:
---	--	--

5 Job/Project Types Choose one and provide specified associated information.

<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, 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, PW1A, PD1 <input checked="" 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, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1	<input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A-22 <input checked="" 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 5A Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

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 PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input checked="" type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 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
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input checked="" type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	

DOB Reference Number: T00000278584-000014

User Ref ID: 1WV-OT

10/09

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?	8C Estimated Job Cost \$
PL	20000					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	15000					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	265000					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M		9K High-Rise Team Tracking Number:
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNY Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNY.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNY because per Chapter 1 of the ECCCNY it is:*
- ☒ An alteration but not a substantial alteration
- ☐ Work in a historic building
- ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNY Exemption

*I understand the Department may require supporting analyses and documentation.
**§101.5.2.1 of the ECCCNY only exempts thermal envelope provisions.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 10P & 10R INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000278584-000014

User Ref ID: 1WV-OT

10/09

12 Zoning Characteristics											
12A District(s) R7-2				12B Street legal width: _____ ft.							
Overlay(s) C1-5				Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private							
Special Dist.(s)				If the zoning lot includes multiple tax lots, list all tax lots here ►							
Map Number 12C											
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.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No			Side Yard 2 _____ ft.		
Proposed Totals			sq. ft.			If yes, no. of parking spaces: _____					
Existing Total			sq. ft.			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.									
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 checked="" type="checkbox"/> Other			
Structural Occupancy Category						Mixed use building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Seismic Design Category				2008 Code Designations?		2008 Code Designations?			
13C Occupancy Classification*		J-2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes**			
Construction Classification		1-A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Multiple Dwelling Classification		HAEA							
13E									
		Existing		Proposed					
Building Height		144		ft.		ft.			
Building Stories		16							
Dwelling Units		637							
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968									
The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968									

14 Fill Choose one.									
<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards									

15 Construction Equipment					16 Curb Cut Description				
<input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Fence <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____					Construction Material: _____ Size: _____ linear ft. BSA/MEA Approval No. _____				
					Size of cut (with spalls): _____ ft. Distance to nearest corner on street: _____ ft.				

17 Tax Lot Characteristics										18 Fire Protection Equipment																													
Original tax lots being merged or reapportioned (if applicable):																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																							
Tentative tax lot numbers (new tax lots only):																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																							

19 Open Spaces										20 Site Characteristics									
		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													

Yes		No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tidal / Fresh Water Wetlands	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Urban Renewal	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire District	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flood Hazard Area	

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **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 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 ☐ NoName (please print): **GERMAN ROA**Relationship to Owner: **ASSIST. DIRECTOR**Business Name/Agency: **NEW YORK UNIVERSITY**Street Address: **10 ASTOR PLACE, 6TH FLOOR**City: **NEW YORK** State: **NY** Zip: **10003**Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**E-Mail Address: **GERMAN.ROA@NYU.EDU**Signature and Date *German R. Roa 3/9/10***26A Condo/Co-Op/Board or Corporation Second Officer**Name (please print): **MARTIN DORPH**Title: **SR. VP. FIN&BUDG.**Street Address: **70 WASHINGTON SQUARE SOUTH**City: **NEW YORK** State: **NY** Zip: **10012**Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**E-Mail Address: **MARTIN.DORPH@NYU.EDU**Signature and Date * *[Signature]*

*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:

Access Professional
MANTHA
Date: MAR 23 2010
DOB Reference Number: 100000278584
User Ref ID: 1WV-OT



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN
BIN: 1077834 Block: 533 Lot: 1

Job No: **100494243**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 12/07/1995 (X)

Application approved on: 02/11/1993

Pre-Filed: 10/02/1992 Building Type: Other

Estimated Total Cost: \$10,000.00

Date Filed: 10/15/1992 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 8 Street Name: WEST 3 STREET

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 14

Apt/Condo No(s): **2-R, T-14**

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile
Telephone:

Applicant Type: RA
Previous Applicant of Record
 Not Applicable

License Number: 006976

3 Filing Representative

Name: JACKIE CLARKE
Business Name: CLARKE CONSTRUCTION CONSULTANTS
Business Address: 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364
E-Mail:

Business Phone: 718-224-1540
Business Fax:
Mobile Telephone:
Registration Number:

4 Filing Status

[Click Here to View](#)

5 Job Types

- ☐ **Alteration Type 1**
☐ Change in Exits/Egress
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Room Count / Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
☐ **Alteration Type 1, OT "No Work"**
- ☐ **New Building**
☒ **Alteration Type 2**
☐ **Alteration Type 3**
☐ **Sign**
☐ **Full Demolition**
☐ **Subdivision: Improved**
☐ **Subdivision: Condo**
- Directive 14 acceptance requested?** ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler** ☐ **FA - Fire Alarm** ☐ **FB - Fuel Burning** ☐ **FS - Fuel Storage**
☐ **FP - Fire Suppression** ☐ **MH - Mechanical** ☒ **PL - Plumbing** ☐ **SD - Standpipe**
☐ **SP - Sprinkler** ☐ **EQ - Construction Equipment** ☐ **CC - Curb Cut**
☒ **OT - PARTITION**

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes ☐ Horizontal ☐ Vertical

9 Additional Considerations, Limitations or Restrictions

Yes No

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Structural peer review required per BC §1627 | Peer Reviewer License No.(P.E.): |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law | Local Law No./Year: |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Other, Specify: | |
| <input type="checkbox"/> <input type="checkbox"/> Restrictive Declaration / Easement | |
| <input type="checkbox"/> <input type="checkbox"/> Zoning Exhibit Record (I,II,III,etc) | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Landmark | |
| <input type="checkbox"/> <input type="checkbox"/> Filed to Address Violation(s) | |
| <input type="checkbox"/> <input type="checkbox"/> Legalization | |
| <input type="checkbox"/> <input type="checkbox"/> "Little E" Hazmat Site | |
| <input type="checkbox"/> <input type="checkbox"/> Unmapped Street | Yes No |
| <input type="checkbox"/> <input type="checkbox"/> Adult Establishment | <input type="checkbox"/> <input type="checkbox"/> Included in LMCCC |
| <input type="checkbox"/> <input type="checkbox"/> Compensated Development (Inclusionary Housing) | <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning |
| <input type="checkbox"/> <input type="checkbox"/> Low Income Housing (Inclusionary Housing) | <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling | <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing |
| <input type="checkbox"/> <input type="checkbox"/> Filing includes Lot Merger / Reapportionment (If Yes,17) | |
| <input type="checkbox"/> <input type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems | |



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN

BIN: 1077834 Block: 533 Lot: 1

Job No: **100519128**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

[Document Overview](#)

[Items Required](#)

[Virtual Job Folder](#)

[All Permits](#)

[Schedule A](#)

[Schedule B](#)

[Fees Paid](#)

[Forms Received](#)

[All Comments](#)

[C/O Summary](#)

[Plumbing Inspections](#)

[Crane Information](#)

[Plan Examination](#)

[Print Letter of Completion](#)

[After Hours Variance Permits](#)

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 08/21/1995 (X)

Application approved on: 01/26/1993

Pre-Filed: 11/24/1992 Building Type: Other

Estimated Total Cost: \$10,000.00

Date Filed: 12/09/1992 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 8

Street Name: WEST 3 STREET

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 15

Apt/Condo No(s):

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PORT WASHINGTON NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PORT WASHINGTON NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 006976

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE

Business Name: CLARKE CONSTRUCTION CONSULT

Business Phone: 718-224-1540

Business Address: 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☒ Alteration Type 2☐ Full Demolition☐ Alteration Type 3☐ Subdivision: Improved☐ Sign☐ Subdivision: Condo☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - PARTITION**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street

Yes No

☐ ☐ Adult Establishment☐ ☐ Included in LMCCC☐ ☐ Compensated Development (Inclusionary Housing)☐ ☒ Infill Zoning☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Loft Board☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☒ Quality Housing☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems

- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

COMBINE TWO APARTMENTS INTO ONE, PARTITION CHANGES. REMOVE KITCHEN.
NO CHANGE IN USE OR EGRESS, OCCUPANCY CHANGE TO BE FILED IN FUTURE APPLICATION ALT 10051717.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed:

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed:

**2008 Code
Designations?**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD,

Relationship to Owner: V.P. FOR ADMINI

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2366

Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY 10003

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: ALLEN CLAXTON,

Title: SR. VP FOR

Business Name: NEW YORK UNIVERSITY

Business
Phone: 212-998-2396Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY
10003

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 8 WEST 3 STREET MANHATTAN
BIN: 1077834 Block: 533 Lot: 1

Job No: **100518717**

Document: 01 OF 2

Job Type: A1 - ALTERATION TYPE 1

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			C/O Preview	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

**Last Action: PLAN EXAM - APPROVED 02/04/1993 (P)
Application approved on: 02/04/1993**

Pre-Filed: 11/24/1992 Building Type: Other Estimated Total Cost: \$100.00

Date Filed: 12/14/1992 Fee Structure: STANDARD Filing Method: PAPER

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)
1 Location Information (Filed At)

House No(s): 8 Street Name: WEST 3 STREET

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 1, 7, 8, 14, 15

Apt/Condo No(s):

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN P.E

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT. WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Not Applicable

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE

Business Name: CLARKE CONST CONSULTANTS

Business Phone: 718-224-1540

Business Address: 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☒ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☒ Change in Room Count / Dwelling Units☒ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 2☐ Alteration Type 3☐ Sign☐ Full Demolition☐ Subdivision: Improved☐ Subdivision: Condo☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☐ Yes ☒ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - ARCHITECTURAL**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical

Total Construction Floor Area: 578,200 sq.ft.

9 Additional Considerations, Limitations or Restrictions

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street☐ ☐ Adult Establishment☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems☐ ☐ Work includes partial demolition as defined in AC §28-101.5☐ ☒ Structural Stability affected by proposed work☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]

Yes No

☐ ☐ Included in LMCCC☐ ☒ Infill Zoning☐ ☒ Loft Board☐ ☒ Quality Housing

☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPLICATION FILED FOR AMENDED C.O.F.O. ON LY. ALL CONSTRUCTION WORK IS BE
NG PERFORMED UNDER ALT 11 APPLICATION.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 12C

Street legal width (ft.): 80

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

Proposed: Use	Zoning Area (sq.ft.)	District	FAR
Proposed Totals:	--	--	--
Existing Total:	--	--	--

Proposed Lot Details: **Lot Type:** ☐ Corner ☐ Interior ☐ Through
Lot Coverage (%): **Lot Area (sq.ft.):** **Lot Width (ft.):**

Proposed Yard Details: ☐ No Yards Or
Front Yard (ft.): **Rear Yard (ft.):** **Rear Yard Equivalent (ft.):**
Side Yard 1 (ft.): **Side Yard 2 (ft.):**

Proposed Other Details: **Perimeter Wall Height (ft.):**
Enclosed Parking? ☐ Yes ☐ No **No. of parking spaces:**

13 Building Characteristics

		2008 Code Designations?
Occupancy Classification: Existing:	RES - RESID. BLDG - OLD CODE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed:	RES - RESID. BLDG - OLD CODE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification: Existing:	1: FIREPROOF STRUCTURES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed:	1: FIREPROOF STRUCTURES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification: Existing:		
Proposed:		
Building Height (ft.): Existing:		
Proposed:	144	
Building Stories: Existing:		
Proposed:	6	
Dwelling Units: Existing:		
Proposed:	637	
Building was originally erected pursuant to which Building Code:	<input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968	
Building will fully comply with which Code with this Certificate of Occupancy:	<input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968	
Mixed use building?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

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

19 Open Spaces

Not Provided

20 Site Characteristics

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Tidal / Fresh Water Wetlands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire District
<input type="checkbox"/>	<input type="checkbox"/>	Urban Renewal	<input type="checkbox"/>	<input type="checkbox"/>	Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

REVISED SCHEDULE "A" AND REVISED DRAWINGS A-2, A-4 FILED HERewith
 INDICATING ADDITIONAL CONVERSION OF TWO APARTMENTS INTO ONE. (BLDG. #2, APTS E & G ON 8TH FLOOR).
 ALSO TO CORRECT ROOM COUNT ON SCHEDULE "A" FOR 1ST, 14TH, 15TH FLOORS, AND APARTMENT COUNT ON
 7TH FLOOR.

ALL CONSTRUCTION WORK IS PERFORMED UNDER ALT II APPLICATION.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD

Relationship to Owner: V.P. OF ADMIN.

Business Name: NEW YORK UNIVER.

Business Phone: 212-998-2366

Business Address: 70 WASHINGTON SQ.SO. NY NY 10003

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN

BIN: 1077834 Block: 533 Lot: 1Job No: **100570320**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 08/21/1995 (X)

Application approved on: 01/26/1993

Pre-Filed: 12/17/1992 Building Type: Other

Estimated Total Cost: \$10,000.00

Date Filed: 12/28/1992 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#)
[Comments](#)

1 Location Information (Filed At)

House No(s): 8

Street Name: WEST 3 STREET

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 7TH

Apt/Condo No(s):

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLOIT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BCH BLVD PORT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: ELLIOT SALTZMAN

Business Name: ELLOIT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BCH BLVD PORT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile
Telephone:

Applicant Type: RA

License Number: 006976

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE

Business Name: CLARKE CONSTR. CONSULT

Business Phone: 718-224-1540

Business Address: 57-06 EASH HAMPTON BLVD BAYSIDE NY 11364

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☒ Alteration Type 2☐ Full Demolition☐ Alteration Type 3☐ Subdivision: Improved☐ Sign☐ Subdivision: Condo☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - PARTITIONS**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street☐ ☐ Adult Establishment☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems

Yes No

☐ ☐ Included in LMCCC☐ ☒ Infill Zoning☐ ☒ Loft Board☐ ☒ Quality Housing

- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

1-COMBINE 2 APARTMENTS INTO ONE. PARTITION CHANGES. REMOVE KITCHEN.
#2 COMBINE. 2 APARTMENTS INTO ONE. PARTITION CHANGES. REMOVE KITCHEN.
NO CHANGE IN USE OR EGRESS, OCCUPANCY CHANGE TO BE FILED IN FUTURE APPLICATION
ALT 1.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed:

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed:

2008 Code
Designations?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD

Relationship to Owner: V.P. FOR ADMINI

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2366

Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY 10003

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: ALLEN CLAXTON,

Title: SR. VP FOR

Business Name: NEW YORK UNIVERSITY

Business
Phone: 212-998-2396Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY
10003

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 8 WEST 3 STREET MANHATTAN
BIN: 1077834 Block: 533 Lot: 1

Job No: **102452677**

Document: 01 OF 4

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

**Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 03/07/2000 (R)
Application approved on: 09/22/1999**

Pre-Filed: 09/17/1999 Building Type: Other

Estimated Total Cost: \$41,000.00

Date Filed: 09/20/1999 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 2

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 013,11

Apt/Condo No(s): **13EG, 11FD**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Address: 440 Park Avenue South NY NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Address: 440 Park Avenue South NY NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique Arana**Business Name:** Michael Zenreich Architect**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input checked="" type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input checked="" type="checkbox"/> OT - GEN CONST. | | | |

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes ☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

- ☐ ☐ Structural peer review required per BC §1627
- ☐ ☒ Filed to Comply with Local Law
- ☐ ☒ Other, Specify:
- ☐ ☐ Restrictive Declaration / Easement
- ☐ ☐ Zoning Exhibit Record (I,II,III,etc)
- ☐ ☒ Landmark
- ☐ ☐ Filed to Address Violation(s)
- ☐ ☒ Legalization
- ☐ ☐ "Little E" Hazmat Site
- ☐ ☐ Unmapped Street
- ☐ ☒ Adult Establishment
- ☐ ☐ Compensated Development (Inclusionary Housing)
- ☐ ☐ Low Income Housing (Inclusionary Housing)
- ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling
- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5

Peer Reviewer License No.(P.E.):

Local Law No./Year:

Yes No

- ☐ ☐ Included in LMCCC
- ☐ ☒ Infill Zoning
- ☐ ☒ Loft Board
- ☐ ☒ Quality Housing

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

POST APPROVAL AMENDMENT BEING FILED TO CORRECT SCHEDULE 'B' TO REFLECT APPROVED DRAWINGS.

NO INCREASE IN COST.

NO CHANGE IN USE, EGRESS OR OCCUPANCY.

FILED HERewith REVISED SCHEDULE 'B' TO MATCH APPROVED PLANS. PREVIOUS SCHEDULE 'B' WAS FILED INCORRECTLY. NO ADDITIONAL COST TO THIS AMENDMENT.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information**Name:** Robert Goldfeld**Relationship to Owner:** Officer**Business Name:** New York U**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square South New York NY 10012**Business Fax:****E-Mail:****Owner Type:** CORPORATION**Non Profit:** ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☒ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☒ ☐ Owner DHCR Notification **DHCR Notified:** 00/00/0000
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer**Name:** Richard Bing**Title:** V.P. Admin**Business Name:** New York U**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square New York NY 10012**Business Fax:****E-Mail:**


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

Premises: 8 WEST 3 STREET MANHATTAN

BIN: 1077834 Block: 533 Lot: 1Job No: **102589334**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 02/06/2003 (X)

Application approved on: 01/29/2002

Pre-Filed: 06/07/2001 Building Type: Other

Estimated Total Cost: \$16,000.00

Date Filed: 01/24/2002 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)
1 Location Information (Filed At)

House No(s): 2

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 004

Apt/Condo No(s): **4C, 4E, 4G****2 Applicant of Record Information**

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: Stefano Barresi

Business Name: Michael Zenreich Architects

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South New York NY 10016

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**

- ☐ Alteration Type 1
 ☐ New Building
- ☐ Change in Exits/Egress
 ☒ Alteration Type 2
 ☐ Full Demolition
- ☐ Change in Number of Stories
 ☐ Alteration Type 3
 ☐ Subdivision: Improved
- ☐ Change in Number of Dwelling Units
 ☐ Sign
 ☐ Subdivision: Condo
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.
- ☐ Alteration Type 1, OT "No Work"
 Directive 14 acceptance requested? ☒ Yes ☐ No

6 Work Types

- ☐ BL - Boiler
 ☐ FA - Fire Alarm
 ☐ FB - Fuel Burning
 ☐ FS - Fuel Storage
- ☐ FP - Fire Suppression
 ☒ MH - Mechanical
 ☒ PL - Plumbing
 ☐ SD - Standpipe
- ☐ SP - Sprinkler
 ☐ EQ - Construction Equipment
 ☐ CC - Curb Cut
- ☒ OT - GEN CONST

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No
 ☐ Yes
 ☐ Horizontal
 ☐ Vertical
9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☐ Structural peer review required per BC §1627
 Peer Reviewer License No.(P.E.):
- ☐ ☒ Filed to Comply with Local Law
 Local Law No./Year:
- ☐ ☒ Other, Specify:
- ☐ ☐ Restrictive Declaration / Easement
- ☐ ☐ Zoning Exhibit Record (I,II,III,etc)
- ☐ ☒ Landmark
- ☐ ☐ Filed to Address Violation(s)
- ☐ ☐ Legalization
- ☐ ☐ "Little E" Hazmat Site
- ☐ ☐ Unmapped Street
 Yes No
- ☐ ☒ Adult Establishment
 ☐ ☐ Included in LMCCC
- ☐ ☐ Compensated Development (Inclusionary Housing)
 ☐ ☒ Infill Zoning
- ☐ ☐ Low Income Housing (Inclusionary Housing)
 ☐ ☒ Loft Board
- ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling
 ☐ ☒ Quality Housing
- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]

☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combination. Remove and install interior partitions and doors.

Install exhaust vent. Plumbing work per attached plans. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 4

Dwelling Units: Existing:

Proposed: 1

**2008 Code
Designations?**

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

☐ ☐ Tidal / Fresh Water Wetlands

Yes No

☒ ☐ Fire District

☐ ☐ Urban Renewal☐ ☐ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information**Name:** Robert Goldfeld**Relationship to Owner:****Business Name:** New York University**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square South New York NY 10012**Business Fax:****E-Mail:****Owner Type:** CORPORATION**Non Profit:** ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer**Name:** Richard Bing**Title:** VP Budget**Business Name:** New York University**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square South New York NY 10012**Business Fax:****E-Mail:**

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

JUMP TO: Doc 1

Premises: 8 WEST 3 STREET MANHATTAN

BIN: 1077834 Block: 533 Lot: 1Job No: **103624286**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

[Document Overview](#)[Items Required](#)[Virtual Job Folder](#)[All Permits](#)[Schedule A](#)[Schedule B](#)[Fees Paid](#)[Forms Received](#)[All Comments](#)[C/O Summary](#)[Plumbing Inspections](#)[Crane Information](#)[Plan Examination](#)[Print Letter of Completion](#)[After Hours Variance Permits](#)

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 08/11/2005 (X)

Application approved on: 12/22/2003

Pre-Filed: 11/18/2003 Building Type: Other

Estimated Total Cost: \$536,000.00

Date Filed: 11/18/2003 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 2

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): **014,016**Apt/Condo No(s): **C, E, G, D, F**

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH BERKE/PARTNERS ARCH.LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH BERKE/PARTNERS ARCH.LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

Business Phone: 212-229-9211

Business Fax:

E-Mail:

Mobile

Telephone:

Applicant Type: RA

License Number: 015281

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JOSE/GABE AMARILLO/NETELLE

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1401

Business Address: 269 MERCER STREET NEW YORK NY 10003

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☒ Alteration Type 2☐ Full Demolition☐ Change in Number of Dwelling Units☐ Alteration Type 3☐ Subdivision: Improved☐ Change in Room Count / Dwelling Units☐ Sign☐ Subdivision: Condo☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☒ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - GC**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☒ "Little E" Hazmat Site☐ ☐ Unmapped Street

Yes No

☐ ☒ Adult Establishment☐ ☐ Included in LMCCC☐ ☐ Compensated Development (Inclusionary Housing)☐ ☒ Infill Zoning☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Loft Board☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☒ Quality Housing

- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPLICATION FILED FOR INTERIOR PARTITION DEMOLITION AND REMOVAL OF EXISTING PLUMBING FIXTURES AND RECONSTRUCTION /CONSOLIDATION OF APARTMENTS PER PPN #3/97 AS INDICATED ON PLANS SUBMITTED HEREWITH. NO CHANGE IN USE, OCCUPANCY OR GROSS UNDER THIS APPLICATION.

Related BIS Job Numbers:**Primary application Job Number:****12 Zoning Characteristics**

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 144

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed: 637

Mixed use building? ☐ Yes ☐ No**2008 Code Designations?**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

PAA FILED FOR CORRECTIONS TO SCHEDULE B TO COMPLY WITH PLUMBING INSPECTORS COMMENTS AS NOTED ON INSPECTION RESULTS DATED 2-24-04 NO CHANGE IN USE OCCUPANCY OR EGRESS UNDER THIS APPLICATION.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: SR.V.P.OPERATON

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEY WORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: RICHARD BING

Title: V.P. BUDGE

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2391

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN

BIN: 1077834 Block: 533 Lot: 1Job No: **103957158**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

[Document Overview](#)[Items Required](#)[Virtual Job Folder](#)[All Permits](#)[Schedule A](#)[Schedule B](#)[Fees Paid](#)[Forms Received](#)[All Comments](#)[C/O Summary](#)[Plumbing Inspections](#)[Crane Information](#)[Plan Examination](#)[Print Letter of Completion](#)[After Hours Variance Permits](#)

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 09/22/2005 (X)

Application approved on: 12/01/2004

Pre-Filed: 10/27/2004 Building Type: Other

Estimated Total Cost: \$78,000.00

Date Filed: 10/27/2004 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 2

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 007

Apt/Condo No(s):

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH BERKE & PARTNERS ARCHITE

Business Phone: 212-229-9211

Business Address: 211 WEST 19TH. STREET NEW YORK NY 10011

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH BERKE & PARTNERS ARCHITE

Business Phone: 212-229-9211

Business Address: 211 WEST 19TH. STREET NEW YORK NY 10011

Business Fax:

E-Mail:

Mobile

Telephone:

Applicant Type: RA

License Number: 015281

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** JOSE/GABE R AMARILLO/NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 269 MERCER STREET NEW YORK NY 10003**E-Mail:****Business Phone:** 212-229-9211**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN.CONSTRUCTN.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**

- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPLICATION FILED FOR INTERIOR PARTITION DEMOLITION, REMOVAL OF EXISTING PLUMBING FIXTURES AND RECONSTRUCTION/CONSOLIDATION OF APARTMENTS PER PPN #3/97 AS INDICATED ON PLANS SUBMITTED HERewith . NO CHANGE IN USE, OCCUPANCY OR EGRESS UNDER THIS APPLICATION.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 144

Building Stories: Existing:

Proposed: 16

Dwelling Units: Existing:

Proposed: 637

**2008 Code
Designations?**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: CORPORATE OFFIC

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR.V.P. FI

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-6129

Business Address: 70 NEW YORK NEW YORK NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN
BIN: 1077834 Block: 533 Lot: 1

Job No: **104712991**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 07/15/2008 (R)

Application approved on: 03/23/2007

Pre-Filed: 03/23/2007 Building Type: Other

Estimated Total Cost: \$772,500.00

Date Filed: 03/23/2007 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 2 Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 002,007,009,010,013,015

Apt/Condo No(s):

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 73 SPRING STREET NEW YORK NY 10012

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 73 SPRING STREET NEW YORK NY 10012

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 020542

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Pablito/Marhu Corcolon/Bucasan**Business Name:** RH Consultants & Associates**Business Address:** 236 West 30th Street New York NY 10001**E-Mail:****Business Phone:** 212-947-1925**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☒ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GC****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

20 Site Characteristics

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: MICHAEL C ALFANO

Relationship to Owner:

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4217

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR.V.P.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 8 WEST 3 STREET MANHATTAN
BIN: 1077834 Block: 533 Lot: 1

Job No: **120019265**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 12/29/2010 (R)

Application approved on: 04/20/2009

Pre-Filed: 04/20/2009 Building Type: Other

Estimated Total Cost: \$278,616.00

Date Filed: 04/20/2009 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 2

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077834

CB No: 102

Work on Floor(s): 009

Apt/Condo No(s): **9RT**

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2ND FLOOR, WEST LOFT
NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: M/F/D/R BUCA/CRUZ/RICH/HEUER

Business Name: RH CONSULTANTS & ASSOCIATES, INC
Business Address: 19 WEST 36TH STREET 9TH FLOOR NEW YORK NY 10018
E-Mail: MARIA@RHCON.COM

Business Phone: 212-947-1925
Business Fax: 212-947-2003
Mobile Telephone:
Registration Number: B27813

4 Filing Status

[Click Here to View](#)

5 Job Types

- ☐ **Alteration Type 1**
☐ Change in Exits/Egress
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Room Count / Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
☐ **Alteration Type 1, OT "No Work"**
- ☐ **New Building**
☒ **Alteration Type 2**
☐ **Alteration Type 3**
☐ **Sign**
☐ **Full Demolition**
☐ **Subdivision: Improved**
☐ **Subdivision: Condo**
- Directive 14 acceptance requested?** ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler** ☐ **FA - Fire Alarm** ☐ **FB - Fuel Burning** ☐ **FS - Fuel Storage**
☐ **FP - Fire Suppression** ☒ **MH - Mechanical** ☒ **PL - Plumbing** ☐ **SD - Standpipe**
☐ **SP - Sprinkler** ☐ **EQ - Construction Equipment** ☐ **CC - Curb Cut**
☒ **OT - GEN. CONSTR**

7 Plans/Construction Documents Submitted

Plans Page Count: 0013

8 Additional Information

Enlargement proposed?

- ☒ No ☐ Yes ☐ Horizontal ☐ Vertical

9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☒ **Structural peer review required per BC §1627** **Peer Reviewer License No.(P.E.):**
☐ ☒ **Filed to Comply with Local Law** **Local Law No./Year:**
☐ ☒ **Other, Specify:**
☐ ☒ **Restrictive Declaration / Easement**
☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**
☐ ☒ **Landmark**
☐ ☒ **Filed to Address Violation(s)**
☐ ☒ **Legalization**
☐ ☒ **"Little E" Hazmat Site**
☐ ☒ **Unmapped Street** **Yes No**
☐ ☒ **Adult Establishment** ☐ ☒ **Included in LMCCC**
☐ ☒ **Compensated Development (Inclusionary Housing)** ☐ ☒ **Infill Zoning**
☐ ☒ **Low Income Housing (Inclusionary Housing)** ☐ ☒ **Loft Board**
☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling** ☐ ☒ **Quality Housing**
☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**
☐ ☒ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**
☐ ☒ **Work includes partial demolition as defined in AC §28-101.5**
☐ ☒ **Structural Stability affected by proposed work**
☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**
☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code (Applicant Statement)*☐ To the best of my knowledge, belief and professional judgment, 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:☒ An alteration but not a substantial alteration☐ The work is an alteration of 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.**11 Job Description**

PROPOSE TO COMBINE UNITS 9R AND 9T PURSUANT TO TPPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS; GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS. NO CHANGE IN OCCUPANCY, USE OR EGRESS.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: J2: RESIDENTIAL

Proposed: J2: RESIDENTIAL

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 144

Proposed:

Building Stories: Existing: 16

Proposed: 16

Dwelling Units: Existing: 62

Proposed: 62

Mixed use building? ☒ Yes ☐ No**2008 Code Designations?**☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

- ☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN E ROA

Relationship to Owner: ASST. DIR. C.C.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)

- ☐ ☒ **Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)**
☐ ☐ **Owner DHCR Notification**
☐ ☒ **Owner's Certification for Adult Establishment**
☒ ☐ **Owner's Certification for Directive 14 (if applicable)**

Condo / Co-Op or Corporation Second Officer**Name:** MARTIN DORPH**Title:** SR. V.P.**Business Name:** NEW YORK UNIVERSITY**Business
Phone:** 212-998-8282**Business Address:** 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012**Business Fax:** 212-995-4100**E-Mail:** MARTIN.DORPH@NYU.EDU**Metes and Bounds**

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) **2** Street Name **WASHINGTON SQUARE VILLAGE**
Borough **MANHATTAN** Block **00533** Lot **00001** BIN **1077834** C.B. No. **102**
Work on Floor(s) **9** Apt. / Condo No(s) **9RT**

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

Last Name **NAPACH** First Name **JOEL** Middle Initial **M**
Business Name **NAPACH ROTHENBERG ARCHITECTS LLP** Business Telephone **(212) 274-9825**
Business Address **264 CANAL STREET, 2ND FLOOR, WEST LOFT** Business Fax **(212) 274-8132**
City **NEW YORK** State **NY** Zip **10013** Mobile Telephone
E-Mail **JNAPACH@NAPACHROTHENBERG.COM** License Number **020542**
Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ 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 **BUCA/CRUZ/RICH/HEUER** First Name **M/F/D/R** Middle Initial
Business Name **RH CONSULTANTS & ASSOCIATES, INC** Business Telephone **(212) 947-1925**
Business Address **19 WEST 36TH STREET, 9TH FLOOR** Business Fax **(212) 947-2003**
City **NEW YORK** State **NY** Zip **10018** Mobile Telephone
E-Mail **MARIA@RHCON.COM** Registration Number **B27813**

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

- ☒ **Initial Filing** 5, 7, 11, 12A, 25-26
Review is requested under which Building Code?
☐ 2008 ☒ 1968 ☐ Prior to 1968
Choose ☐ Standard Plan Examination or Review
one: ☒ Professional Certification PC1, POC1
☐ Self Certification of Objections A11
- ☐ **Prior to Approval Actions** 25-26
☐ Amend Existing Filing 4A
☐ Subsequent Filing 6-7, 8A (All-2 only), 11
- ☐ **Post Approval Amendment (PAA)** 4A, 6, 24-25
Will PAA affect filing fees? ☐ Yes ☐ No
- ☐ **New Applicant** 4A, 25-26
- ☐ **Reinstatement** 24-26
☐ **Withdrawal** 25-26
☐ Specified in 4A and 6
☐ Entire Job
4A Indicate existing document number affected by filing

5 Job/Project Types *Choose one and provide specified associated information.*

- ☐ **Alteration Type 1** 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:
☐ Change in Exits
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT: "No Work"** 8C, 9-10 & 12, 13C-F, 14, 18-19, PW1A, PD1
- ☒ **Alteration Type 2** 5A, 6A-D, 8A-B, 9-10, 13C-E, 14, 20, 22
- ☐ **Alteration Type 3** 5A, 6B-F, 8C, 9-10, 13C-E, 22
- ☐ **New Building** 6A-E, 8F-G, 9A-C, 10-12, 13A-E, 5A Directive 14 acceptance requested? (13B: 2008 Code only), 14, 18-20, PW1A, PD1 ☒ Yes ☐ No
- ☐ **Full Demolition** 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22
- ☐ **Sign** 5A, 6B-D, 9B, 22-23
- ☐ **Subdivision** 9B, 12A-B
- ☐ **Condominium** ☐ Improved 17

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 PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C	<input checked="" type="checkbox"/> PL - Plumbing PW1B	6E <input type="checkbox"/> CC - Curb Cut 16
<input type="checkbox"/> FA - Fire Alarm	<input type="checkbox"/> FP - Fire Suppression	<input type="checkbox"/> SD - Standpipe PW1B	6F <input type="checkbox"/> OT/ANT - Antenna
<input type="checkbox"/> FB - Fuel Burning PW1C	<input checked="" type="checkbox"/> MH - Mechanical	<input type="checkbox"/> SP - Sprinkler PW1B	<input type="checkbox"/> OT/BPP - Builders Pavement Plan 8D
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input checked="" type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	<input type="checkbox"/> OT/FPP - Fire Protection Plan
			<input type="checkbox"/> OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000150320-000079

User Ref ID: 3021519RT

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 checked="" type="checkbox"/> No enlargement is proposed <input type="checkbox"/> Yes 12, PD1 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical Additional Construction Floor Area: _____ sq. ft.	8C Estimated Job Cost \$
PL	38726						8D Street Frontage: _____ linear ft.
MH	19260						8E Height: _____ ft. Width: _____ ft.
OT	220630						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 9A <input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 <i>If yes, 9F</i> 9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____ <input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9L</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9M</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued 9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, plot diagram (except DM)</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing) <input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling <input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment <i>If yes, 17</i> 9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems 9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 <i>If yes, 21B</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work 9L CRFN(s) Restrictive Declaration / Easement (max. 4): _____ 9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4): _____	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Landmark <input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site <input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street <input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) <i>If yes, 9H</i> <input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC <input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning <input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board <input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing <input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	9F Structural Peer Reviewer License No. _____ P.E. 9G Local Law No(s) _____ Year _____ 9H Violation No(s) _____ 9I BSA Calendar No(s) _____ 9J CPC Calendar No(s) _____ 9K High-Rise Team Tracking Number: _____
--	--	---

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
☐ Energy analysis is on another job number: _____
☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:*
 ☒ An alteration but not a substantial alteration
 ☐ Work in a historic building
 ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNYS Exemption

PROFESSIONAL CERTIFICATION
 DEPARTMENT OF BUILDINGS
 STAMP NUMBER 7 OF 10
 *I understand the Department may require supporting analyses and documentation.
 **§1016.2.1 of the ECCCNYS only exempts thermal envelope provisions.

11 Job Description

PROPOSE TO COMBINE UNITS 9R AND 9T PURSUANT TO TPN 3/97.
 REMOVE AND REPLACE INTERIOR PARTITIONS; GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS. NO CHANGE IN OCCUPANCY, USE OR EGRESS.

11A Related DOB Job Numbers

11B Primary application job no. _____

12 Zoning Characteristics

12A District(s) R7 - 2

Overlay(s) C1 - 5

Special Dist.(s)

Map Number 12C

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning Floor Area	District	FAR
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
Proposed Totals	sq. ft.		
Existing Total	sq. ft.		

Proposed Lot Details:

Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:

Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:

Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.

13A Primary structural system, choose one:

☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B	Existing	Proposed
Structural Occupancy Category		
Seismic Design Category		
Occupancy Classification*	J - 2	2008 Code Designations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification	1 - A	2008 Code Designations? <input checked="" type="checkbox"/> Yes** <input type="checkbox"/> No
Multiple Dwelling Classification	HAEA	

13D Building Type: ☐ 1, 2, or 3 Family ☒ Other
Mixed use building? ☒ Yes ☐ No

13E	Existing	Proposed
Building Height	144 ft.	
Building Stories	16	
Dwelling Units	62	

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.

17 Tax Lot Characteristics

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

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

Existing Proposed

Yes No Yes No

Fire Alarm ☐ ☐ ☐ ☐Fire Suppression ☐ ☐ ☐ ☐Sprinkler ☐ ☐ ☐ ☐Standpipe ☐ ☐ ☐ ☐**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

DOB Reference Number: T00000150320-000079

User Ref ID: 3021519RT

7/08

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(a)).

23 Sign

Purpose: ☐ Advertising ☐ Non-Advertising
 Type: ☐ Illuminated 23A ☐ Non-Illuminated
 Estimated Cost: \$ _____
 Total Square Feet: _____
 Height above Curb: _____ ft. in.
 Location: ☐ Ground ☐ Roof 23B ☐ Wall Height above Roof: _____ ft. in.

Yes No

- ☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. in.
☐ ☐ Designed for changeable copy? If no, 23C
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G
☐ ☐ Within 900' and within view of an arterial highway? If yes, 23D
☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E

→ 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

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

- ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B

23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: _____ ft.

23E Distance from Park 1/2 acre or more: _____ ft.

23F OAC Sign Number: _____

23G OAC Registration Number: _____

24 Comments Place additional comments on an AI-1 form. See Guide for proper incorporation of professional certification statements.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NONCOMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

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 of Buildings 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)

JOEL M. KOPACH

Signature

Date

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

DOB Reference Number: T00000150320-000079

User Ref ID: 3021519RT

7/08

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **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 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): **GERMAN E ROA**

Relationship to Owner: **ASST. DIR. C.C.**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date: *German E. Roa 3/16/09*

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

Name (please print): **MARTIN DORPH**

Title: **SR. V.P.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

Signature and Date: *[Signature]*

*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:

DOB Reference Number: T00000150320

User Ref ID: 3021519RT



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1

Job No: **100490719**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 03/18/1994 (R)

Application approved on: 02/16/1993

Pre-Filed: 10/02/1992 Building Type: Other

Estimated Total Cost: \$12,000.00

Date Filed: 10/15/1992 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 521 Street Name: WEST BROADWAY

Borough: Manhattan

Block: 533

Lot: 1 BIN: 1077835

CB No: 102

Work on Floor(s): 8

Apt/Condo No(s): **4-O, R, T-S**

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile
Telephone:

Applicant Type: RA

License Number: 006976

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE

Business Name: CLARKE CONSTRUCTION CONSULTANTS

Business Phone: 718-224-1540

Business Address: 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☒ Alteration Type 2☐ Full Demolition☐ Change in Number of Dwelling Units☐ Alteration Type 3☐ Subdivision: Improved☐ Change in Room Count / Dwelling Units☐ Sign☐ Subdivision: Condo☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☒ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - PARTITION**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street

Yes No

☐ ☐ Adult Establishment☐ ☐ Included in LMCCC☐ ☐ Compensated Development (Inclusionary Housing)☐ ☒ Infill Zoning☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Loft Board☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☒ Quality Housing☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems

- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

COMBINE 3 APTS INTO 1. REMOVE 2 KITCHEN S, ALTER 1, PARTITION WORK, NOT
: NO CHANGE IN USE OR EGRESS, CHANGE IN OCCUPANCY TO BE MADE IN FUTURE TYPE 1 PPL.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 15

Dwelling Units: Existing:

Proposed: 596

Mixed use building? ☐ Yes ☐ No**2008 Code
Designations?**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD

Relationship to Owner: VP. FOR ADMIN

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2366

Business Address: 70 WASHINGTON SQ. SO. NYC NY 10003

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: ALLEN CLAXTON

Title: SR. VP FOR

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2396

Business Address: 70 WASHINGTON SQ. SO . NYC NY 10003

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1Job No: **100518897**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 12/08/1995 (X)

Application approved on: 03/10/1993

Pre-Filed: 11/24/1992 Building Type: Other

Estimated Total Cost: \$20,000.00

Date Filed: 12/09/1992 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 521 Street Name: WEST BROADWAY

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 4

Apt/Condo No(s):

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C.

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PORT WASHINGTON NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN, P.C.

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PORT WASHINGTON NY 11050

Business Fax:

E-Mail:

Mobile

Telephone:

Applicant Type: RA

License Number: 006976

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE

Business Name: CLARK CONSTRUCTION CONSULTANTS

Business Phone: 718-224-1540

Business Address: 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364

Business Fax:

E-Mail:

Mobile Telephone:

Registration Number:

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☒ Alteration Type 2☐ Full Demolition☐ Change in Number of Dwelling Units☐ Alteration Type 3☐ Subdivision: Improved☐ Change in Room Count / Dwelling Units☐ Sign☐ Subdivision: Condo☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☐ MH - Mechanical☐ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - PARTITIONS**7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street☐ ☐ Adult Establishment☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling

Yes No

☐ ☐ Included in LMCCC☐ ☒ Infill Zoning☐ ☒ Loft Board☐ ☒ Quality Housing

- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
☐ ☐ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

COMBINE FOUR APARTMENTS INTO TWO. REMOVE 2 KITCHENS, PARTITION CHANGES.
 NO CHANGE IN USE OR EGRESS, CHANGE IN OC CUPANCY TO BE IN FUTURE TYPE 1 APPLICAT ON #100518708.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed:

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed:

Mixed use building? ☐ Yes ☐ No**2008 Code Designations?**☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**
☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards
15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD

Relationship to Owner: VP FOR ADMINIST

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2366

Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY 10003

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: ALLEN CLAXTON

Title: SR VP FOR

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-2396

Business Address: 70 WASHINGTON SQ. SOUTH NEW YORK NY 10003

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1

Job No: **102452686**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: PLAN EXAM - APPROVED 09/21/1999 (P)

Application approved on: 09/21/1999

Pre-Filed: 09/17/1999 Building Type: Other

Estimated Total Cost: \$40,000.00

Date Filed: 09/20/1999 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3 Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 003

Apt/Condo No(s): **3f, 3g**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Address: 440 Park Avenue South NY NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: Enrique Arana

Business Name: Michael Zenreich Architect

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South New York NY 10016**E-Mail:****Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN CONST.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☒ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**☐ ☒ **Site Safety Job / Project****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing****BSA Calendar No.(s):****CPC Calendar No.(s):**

10 NYCECC Compliance *New York City Energy Conservation Code* **(Applicant Statement)**

Not Provided

11 Job Description

Apartment Combination. Demolition of minor interior partitions. Construction of minor interior partitions. Minor replacement of plumbing fixtures as per attached plans.

NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:**Primary application Job Number:****12 Zoning Characteristics****District(s):** C1-5 - LOCAL RETAIL DISTRICT**Overlay(s):****Special District(s):****Map No.:** 12C**Street legal width (ft.):****Street status:** ☒ Public ☐ Private**Zoning lot includes the following tax lots:** Not Provided**13 Building Characteristics****Occupancy Classification: Existing:** RES - RESID. BLDG - OLD CODE**Proposed:****Construction Classification: Existing:** 1: FIREPROOF STRUCTURES**Proposed:** 1: FIREPROOF STRUCTURES**Multiple Dwelling Classification: Existing:****Proposed:****Building Height (ft.): Existing:****Proposed:** 175**Building Stories: Existing:****Proposed:** 17**Dwelling Units: Existing:****Proposed:****2008 Code Designations?**☐ Yes ☒ No☐ Yes ☐ No☐ Yes ☒ No☐ Yes ☒ No**Mixed use building?** ☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information**Name:** Robert Goldfeld**Relationship to Owner:** Officer**Business Name:** New York U**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square South New York NY 10012**Business Fax:****E-Mail:****Owner Type:** CORPORATION**Non Profit:** ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☒ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☒ ☐ Owner DHCR Notification **DHCR Notified:** 00/00/0000
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer**Name:** Richard Bing**Title:** VP Admin..**Business Name:** New York U**Business Phone:** 212-998-2366**Business Address:** 70 Washington Square Village New York NY 10012**Business Fax:****E-Mail:**

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings
Application Details

Premises: 521 WEST BROADWAY MANHATTAN
BIN: 1077835 Block: 533 Lot: 1

Job No: **103200279**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 06/13/2003 (X)

Application approved on: 07/03/2002

Pre-Filed: 07/03/2002 Building Type: Other Estimated Total Cost: \$90,000.00

Date Filed: 07/03/2002 Fee Structure: STANDARD Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3 Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan Block: 533 Lot: 1 BIN: 1077835 CB No: 102

Work on Floor(s): 011,013,014

Apt/Condo No(s): 11TR, 13FG, 14NO

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Applicant Type: RA

Previous Applicant of Record

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Not Applicable

3 Filing Representative**Name:** Enrique/Stefano Arana/Barresi**Business Name:** Michael Zenreich Architects**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN CONSTRUCT****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combinations. Remove and install interior partitions, doors and plumbing fixtures. Remove 1 kitchen at each combination. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 1

Dwelling Units: Existing:

Proposed: 1

**2008 Code
Designations?**

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

Yes No

☐ ☐ Tidal / Fresh Water Wetlands☒ ☐ Fire District☐ ☐ Urban Renewal☐ ☐ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. If non-compliance is disclosed I agree to notify the owner of the remedial measures which must be taken to meet Department of Buildings' requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees or, additionally, by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the Professional Certification Program at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Budget

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings
Application Details

Premises: 521 WEST BROADWAY MANHATTAN
BIN: 1077835 Block: 533 Lot: 1

Job No: **103283572**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 09/03/2003 (X)
Application approved on: 10/10/2002

Pre-Filed: 10/08/2002 Building Type: Other

Estimated Total Cost: \$15,000.00

Date Filed: 10/08/2002 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 017

Apt/Condo No(s): **17B, 17D**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique/Stefano Arana/Barresi**Business Name:** Michael Zenreich Architects**Business Phone:** 212-447-9494**Business Address:** 440 Park Avenue South New York NY 10016**Business Fax:****E-Mail:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**

- ☐ **Alteration Type 1**
☐ **New Building**
- ☐ Change in Exits/Egress
 ☒ **Alteration Type 2**
☐ **Full Demolition**
- ☐ Change in Number of Stories
 ☐ **Alteration Type 3**
☐ **Subdivision: Improved**
- ☐ Change in Number of Dwelling Units
 ☐ **Sign**
☐ **Subdivision: Condo**
- ☐ Change in Room Count / Dwelling Units
 ☐ Change in Occupancy / Use
 ☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT "No Work"**
 Directive 14 acceptance requested? ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler**
☐ **FA - Fire Alarm**
☐ **FB - Fuel Burning**
☐ **FS - Fuel Storage**
- ☐ **FP - Fire Suppression**
☐ **MH - Mechanical**
☒ **PL - Plumbing**
☐ **SD - Standpipe**
- ☐ **SP - Sprinkler**
☐ **EQ - Construction Equipment**
☐ **CC - Curb Cut**
- ☒ **OT - GEN CONST.**

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No
 ☐ Yes
 ☐ Horizontal
 ☐ Vertical
 9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☐ Structural peer review required per BC §1627
 Peer Reviewer License No.(P.E.):
- ☐ ☒ Filed to Comply with Local Law
 Local Law No./Year:
- ☐ ☒ Other, Specify:
- ☐ ☐ Restrictive Declaration / Easement
- ☐ ☐ Zoning Exhibit Record (I,II,III,etc)
- ☐ ☒ Landmark
- ☐ ☐ Filed to Address Violation(s)
- ☐ ☐ Legalization
- ☐ ☐ "Little E" Hazmat Site
- ☐ ☐ Unmapped Street
 Yes No
- ☐ ☒ Adult Establishment
 ☐ ☐ Included in LMCCC
- ☐ ☐ Compensated Development (Inclusionary Housing)
 ☐ ☒ Infill Zoning
- ☐ ☐ Low Income Housing (Inclusionary Housing)
 ☐ ☒ Loft Board
- ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling
 ☐ ☒ Quality Housing
- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]

☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combination. Minor removal and installation of interior partitions and replacement of plumbing fixtures. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 1

**2008 Code
Designations?**

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

☐ Not Applicable

☐ Off-Site

☐ On-Site

☐ Under 300 cubic yards

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Budget

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1

Job No: **103677308**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 04/07/2005 (X)

Application approved on: 03/11/2004

Pre-Filed: 01/06/2004 Building Type: Other

Estimated Total Cost: \$312,000.00

Date Filed: 01/06/2004 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 003,004

Apt/Condo No(s): **O, R, T**

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH B. & PRTNRS ARCHTCS.LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH B. & PRTNRS ARCHTCS.LLP

Business Address: 211 WEST 19TH STREET NEW YORK NY 10011

E-Mail:

Applicant Type: RA

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** JOSE/GABE R AMARILLO/NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 269 MERCER STREET NEW YORK NY 10003**E-Mail:****Business Phone:** 212-998-1401**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GC****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☒ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**

- ☐ ☒ **Structural Stability affected by proposed work**
☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]**
☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPL FILED FOR RECONSTR./CONSOLIDATION OF APTS PER PNN#3/97 & AS
INDICATED ON PLANS SUBMITTED HERewith. NO CHANGE IN USE, OCCUPANCY OR EGRESS UNDER THIS APPL.
INTERIOR DEMOLITION WORK & PL.FIXTURE REMOVALS PERFORMED
UNDER DOB #103624295.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 596

**2008 Code
Designations?**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: CORPORATE OFFIC

Business Name: NEW YORK UNIVERSTIY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: RICHARD N BING

Title: V.P. BUDGE

Business Name: NEW YORK UNIVERSTIY

Business Phone: 212-998-2391

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1Job No: **103957176**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 09/22/2005 (X)

Application approved on: 12/01/2004

Pre-Filed: 10/27/2004 Building Type: Other

Estimated Total Cost: \$230,000.00

Date Filed: 10/27/2004 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 006,008,009

Apt/Condo No(s):

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH BERKE & PARTNERS ARCHITE

Business Phone: 212-229-9211

Business Address: 211 WEST 19TH. STREET NEW YORK NY 10011

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH BERKE & PARTNERS ARCHITE

Business Phone: 212-229-9211

Business Address: 211 WEST 19TH. STREET NEW YORK NY 10011

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 015281

Applicant Type: RA

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** JOSE/GABE R AMARILLO/NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Phone:** 212-998-1401**Business Address:** 269 MERCER STREET - 5TH. FLOOR NEW
YORK NY 10003**Business Fax:****E-Mail:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ **New Building**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☒ **Alteration Type 2**☐ **Full Demolition**☐ **Alteration Type 3**☐ **Subdivision: Improved**☐ **Sign**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN.CONSTRUCTN.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**

- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

APPLICATION FILED FOR THE RECONS

TRUCTION / CONSOLIDATION OF APARTMENTS 6 C, & 8N0, 8N, O & R, 9D, F&G PER PPN #3/ 7967 AS INCICATE ON
PLAS SUBMITTED HEREW ITH. NO CHANGE IN USE, OCCUPANCY OR EGR SS UNDER THIS APPLICATION.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 596

Mixed use building? ☐ Yes ☐ No2008 Code
Designations?☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: CORPORATE OFFIC

Business Name: 70 WASHINGTON SQUARE SOUTH

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR.V.P. FI

Business Name: 70 WASHINGTON SQUARE SOUTH

Business
Phone: 212-966-4095Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012

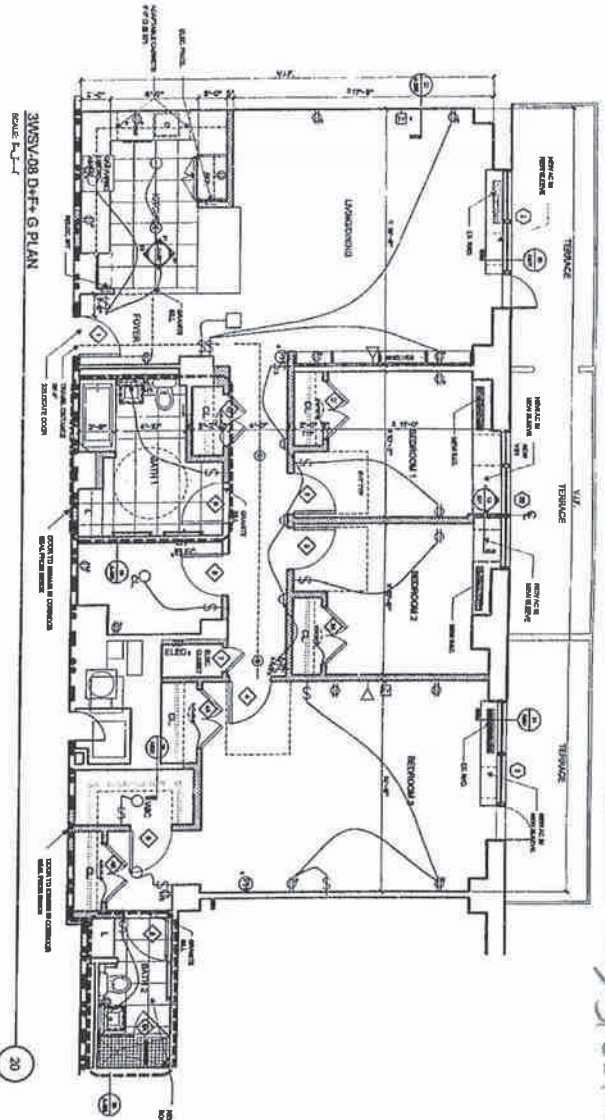
Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

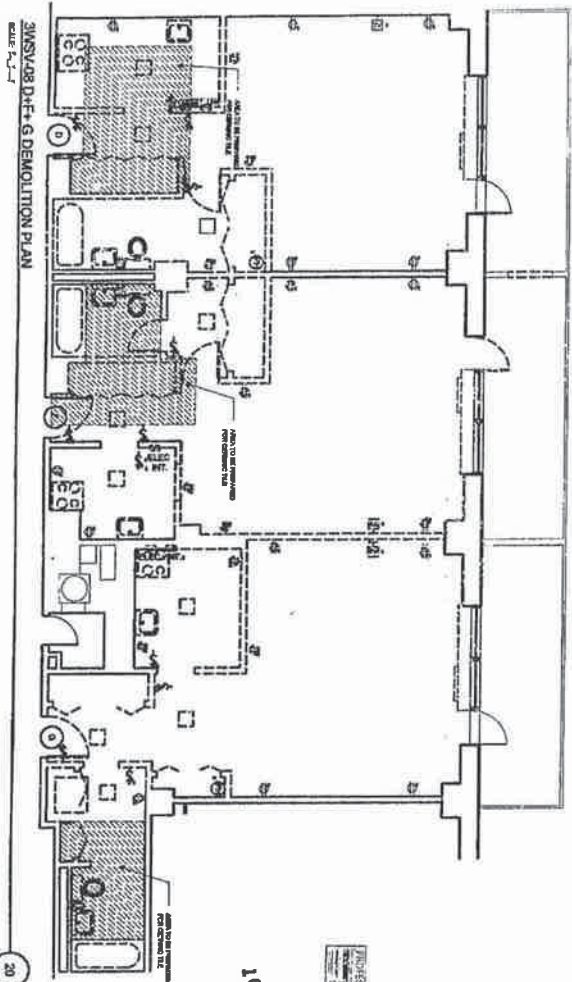
3 WSV 60+8F+8G

3500105 1470 382



3WSV08 D+T+G PLAN

20



3WSV08 D+T+G DEMOLITION PLAN

20

ROOM NUMBER	TYPE	REMARKS
801	CL. 10' x 12' 6"	CL. 10' x 12' 6"
802	CL. 10' x 12' 6"	CL. 10' x 12' 6"
803	CL. 10' x 12' 6"	CL. 10' x 12' 6"
804	CL. 10' x 12' 6"	CL. 10' x 12' 6"
805	CL. 10' x 12' 6"	CL. 10' x 12' 6"
806	CL. 10' x 12' 6"	CL. 10' x 12' 6"
807	CL. 10' x 12' 6"	CL. 10' x 12' 6"
808	CL. 10' x 12' 6"	CL. 10' x 12' 6"
809	CL. 10' x 12' 6"	CL. 10' x 12' 6"
810	CL. 10' x 12' 6"	CL. 10' x 12' 6"

SYMBOL	DESCRIPTION
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE
(Symbol)	REMOVING EXISTING WALLS TO BE REPLACED WITH NEW WALLS OF THE SAME TYPE

NOTES:
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.

104427688
Washington Square Village
New York University

WASHINGTON SQUARE VILLAGE
NEW YORK UNIVERSITY, NEW YORK, NY

FLOOR PLANS

A-107

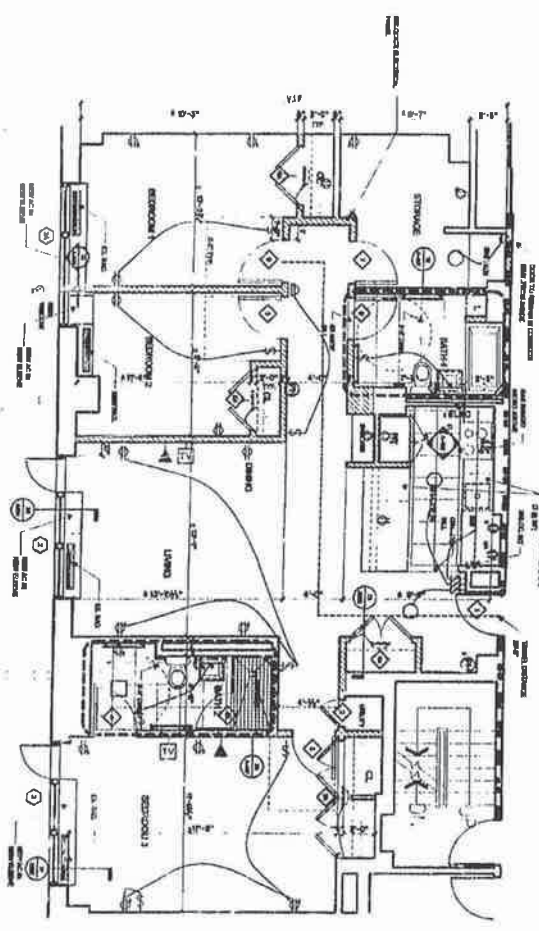
62 Bergen Street
Brooklyn, New York
11211
Scale: AS NOTED



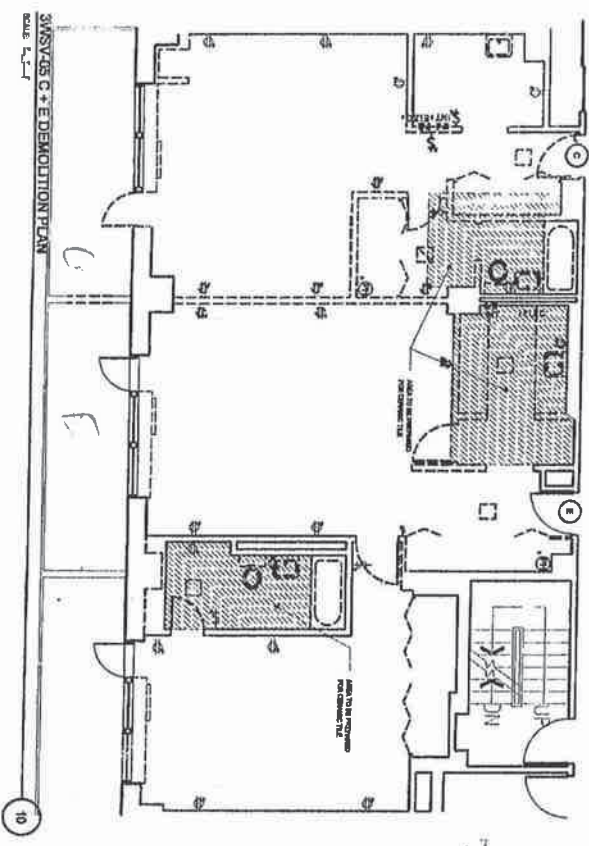
3WSV

SC 85E

570010-130



3WSV-05 C + E PLAN
SCALE 1/8" = 1'-0"



3WSV-05 C + E DEMOLITION PLAN
SCALE 1/8" = 1'-0"

ITEM	DESCRIPTION	TYPE	QTY
1	1" x 4" x 8" STUD	A	100
2	2" x 4" x 8" STUD	B	100
3	3" x 4" x 8" STUD	C	100
4	4" x 4" x 8" STUD	D	100
5	5" x 4" x 8" STUD	E	100
6	6" x 4" x 8" STUD	F	100
7	7" x 4" x 8" STUD	G	100
8	8" x 4" x 8" STUD	H	100
9	9" x 4" x 8" STUD	I	100
10	10" x 4" x 8" STUD	J	100

ITEM	DESCRIPTION	TYPE	QTY
1	1" x 4" x 8" STUD	A	100
2	2" x 4" x 8" STUD	B	100
3	3" x 4" x 8" STUD	C	100
4	4" x 4" x 8" STUD	D	100
5	5" x 4" x 8" STUD	E	100
6	6" x 4" x 8" STUD	F	100
7	7" x 4" x 8" STUD	G	100
8	8" x 4" x 8" STUD	H	100
9	9" x 4" x 8" STUD	I	100
10	10" x 4" x 8" STUD	J	100

ITEM	DESCRIPTION	TYPE	QTY
1	1" x 4" x 8" STUD	A	100
2	2" x 4" x 8" STUD	B	100
3	3" x 4" x 8" STUD	C	100
4	4" x 4" x 8" STUD	D	100
5	5" x 4" x 8" STUD	E	100
6	6" x 4" x 8" STUD	F	100
7	7" x 4" x 8" STUD	G	100
8	8" x 4" x 8" STUD	H	100
9	9" x 4" x 8" STUD	I	100
10	10" x 4" x 8" STUD	J	100

NOV 11 2005

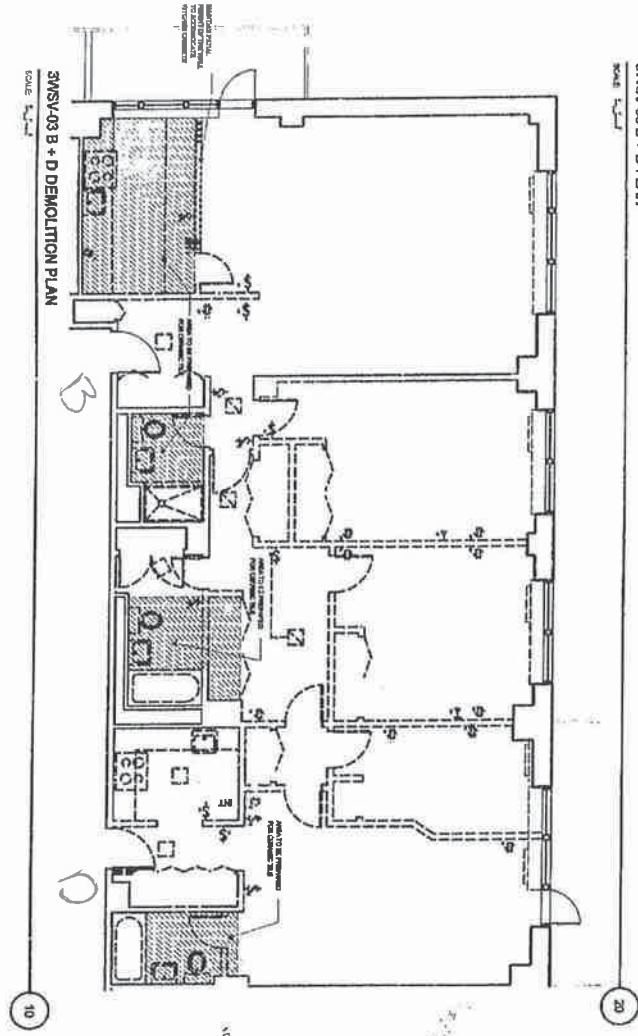
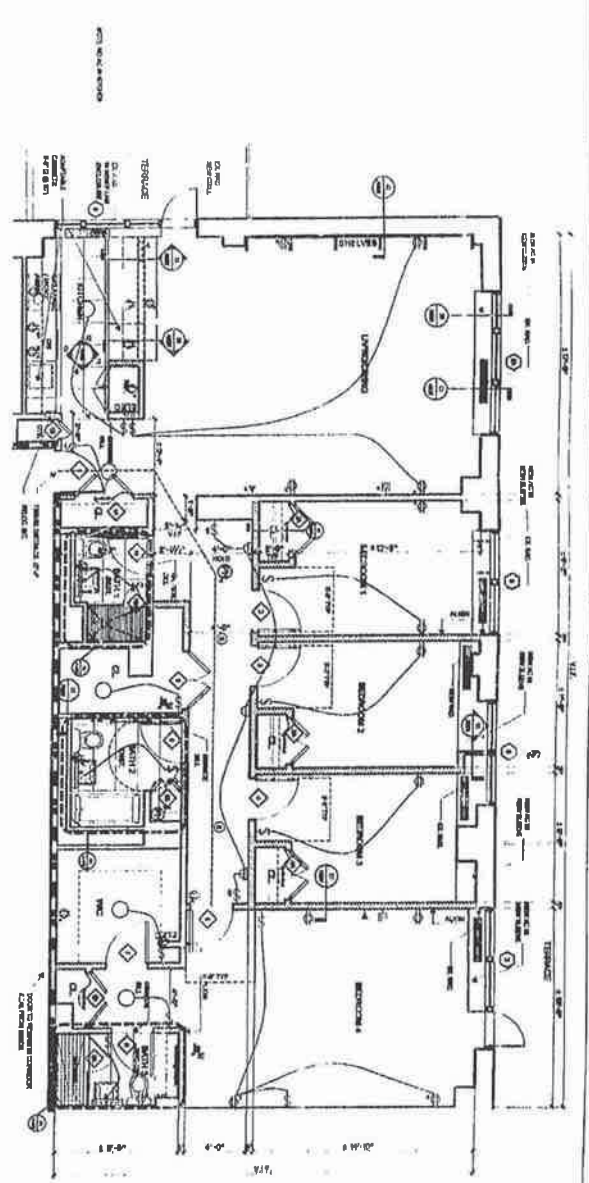
Washington Square Village



30030 38430

21312 + 50010 110

A-104



NO.	DESCRIPTION	UNIT	QTY	REMARKS
1	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
2	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
3	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
4	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
5	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
6	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
7	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
8	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
9	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
10	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	

NO.	DESCRIPTION	UNIT	QTY	REMARKS
1	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
2	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
3	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
4	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
5	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
6	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
7	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
8	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
9	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
10	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	

NO.	DESCRIPTION	UNIT	QTY	REMARKS
1	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
2	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
3	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
4	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
5	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
6	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
7	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
8	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
9	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	
10	DEMOLITION OF EXISTING 3RD FLOOR	SQ. FT.	10,000	



WASHINGTON SQUARE VILLAGE
NEW YORK UNIVERSITY, NEW YORK NY

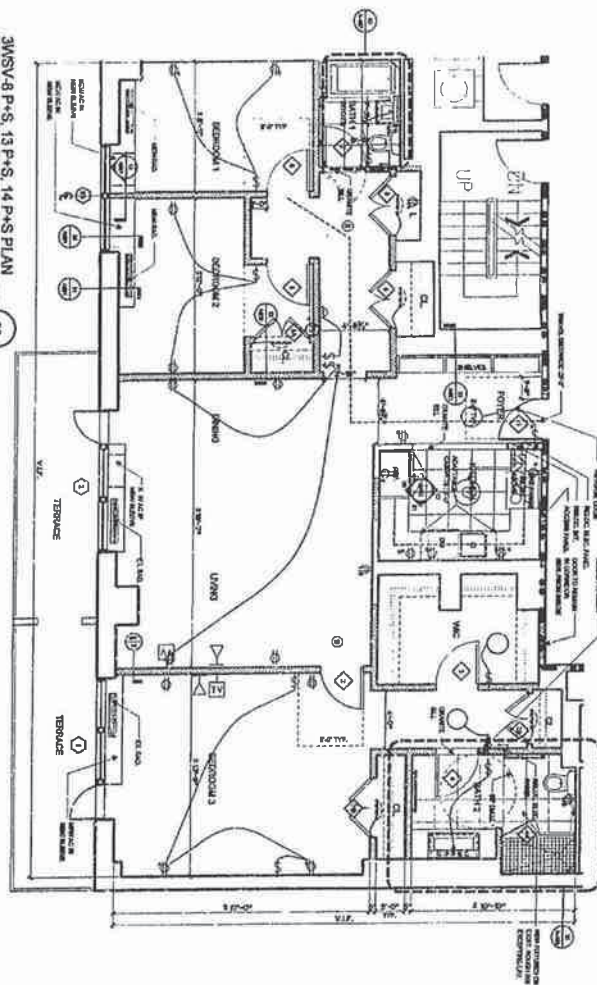
FLOOR PLANS

718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800

ARCHITECTURE
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800

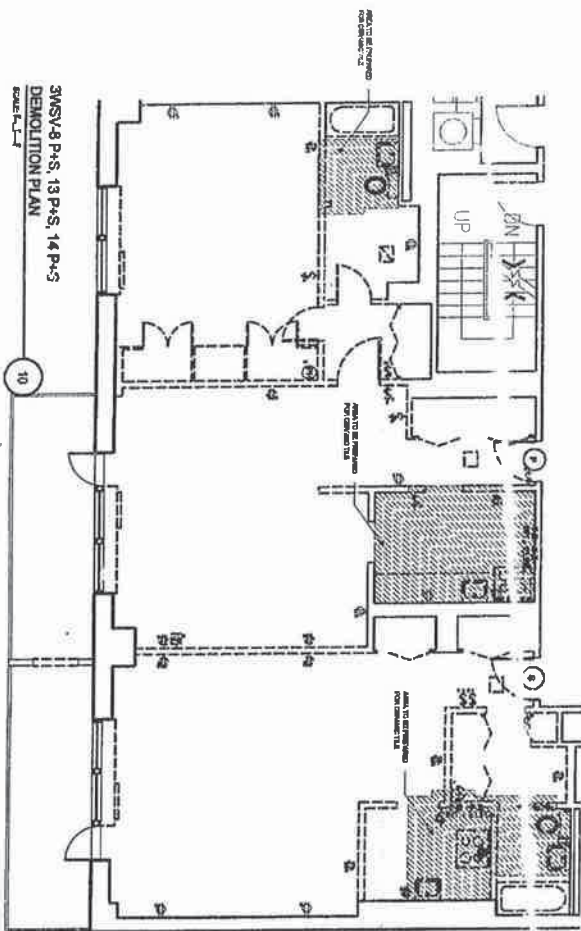
3055N

PAS (6/13/14)
STUDIO ABL



3MSV4 P+S, 13 P+S, 14 P+S PLAN
SCALE: 1/4" = 1'-0"

20



3MSV-8 P+S, 13 P+S, 14 P+S
DEMOLITION PLAN
SCALE: 1/4" = 1'-0"

10

ABV

STUDIO

Approved For Operation
Professional Engineer
PAV 11 4008

10440303



DATE	REVISION	BY	CHKD
1	2/2/14	A	
2	2/2/14	B	
3	2/2/14	C	
4	2/2/14	D	
5	2/2/14	E	
6	2/2/14	F	
7	2/2/14	G	
8	2/2/14	H	
9	2/2/14	I	
10	2/2/14	J	

DATE	REVISION	BY	CHKD
1	2/2/14	A	
2	2/2/14	B	
3	2/2/14	C	
4	2/2/14	D	
5	2/2/14	E	
6	2/2/14	F	
7	2/2/14	G	
8	2/2/14	H	
9	2/2/14	I	
10	2/2/14	J	

DATE	REVISION	BY	CHKD
1	2/2/14	A	
2	2/2/14	B	
3	2/2/14	C	
4	2/2/14	D	
5	2/2/14	E	
6	2/2/14	F	
7	2/2/14	G	
8	2/2/14	H	
9	2/2/14	I	
10	2/2/14	J	




☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1Job No: **104427693**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 11/16/2006 (X)

Application approved on: 05/10/2006

Pre-Filed: 05/09/2006 Building Type: Other

Estimated Total Cost: \$522,000.00

Date Filed: 05/10/2006 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 003,005,008,013,014

Apt/Condo No(s):

2 Applicant of Record Information

Name: Claton Miller

Business Name: Bergen Street Studio

Business Phone: 718-596-7984

Business Address: 52 Bergen Street Brooklyn NY 10018

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 025197

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Name: Claton Miller

Business Name: Bergen Street Studio

Business Phone: 718-596-7984

Business Address: 52 Bergen Street Brooklyn NY 10018

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA**License Number:** 025197**Previous Applicant of Record**

Not Applicable

3 Filing Representative**Name:** Jason Longueira**Business Name:** Milrose Consultants, Inc.**Business Phone:** 212-643-4545**Business Address:** 498 Seventh Avenue New York NY 10018**Business Fax:****E-Mail:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ **New Building**☐ Change in Exits/Egress☐ Change in Number of Stories☒ **Alteration Type 2**☐ **Full Demolition**☐ Change in Number of Dwelling Units☐ **Alteration Type 3**☐ **Subdivision: Improved**☐ Change in Room Count / Dwelling Units☐ **Sign**☐ **Subdivision: Condo**☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - CONST.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**

- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☒ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Combination of apartments 3B&D, 5C&E, 8D&G, 8P&F, 13P&F AND 14P&S as per plans filed herewith in accordance with TPPN 3/97. No change in use, egress or occupancy.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012C

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 596

Mixed use building? ☐ Yes ☐ No**2008 Code
Designations?**☐ Yes ☒ No☐ Yes ☐ No☐ Yes ☒ No☐ Yes ☒ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings.

RESPECTFULLY REQUEST TO SUBMIT REVISED SCHEDULE B AS PER APPROVED PLANS

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: Cheryl D Mills

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-4095

Business Address: 70 Washington Square South NY NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☒ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☒ ☐ Owner DHCR Notification DHCR Notified: 05/05/2006
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1Job No: **110137183**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 05/05/2011 (R)

Application approved on: 04/22/2008

Pre-Filed: 04/22/2008 Building Type: Other

Estimated Total Cost: \$373,000.00

Date Filed: 04/22/2008 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 002,011,014

Apt/Condo No(s): **2B, 11P, 14R****2 Applicant of Record Information**

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2ND FLOOR NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail:

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: GABOR G NETELLE

Business Name: NEW YORK UNIVERSITY
Business Address: 10 ASTOR PLACE 6TH. FLOOR NEW YORK NY 10003
E-Mail: GABOR.NETELLE@NYU.EDU

Business Phone: 212-998-1406
Business Fax: 212-995-4025
Mobile Telephone: 646-210-7152
Registration Number: N43922

4 Filing Status

[Click Here to View](#)

5 Job Types

- ☐ **Alteration Type 1**
☐ Change in Exits/Egress
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Room Count / Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
☐ **Alteration Type 1, OT "No Work"**
- ☐ **New Building**
☒ **Alteration Type 2**
☐ **Alteration Type 3**
☐ **Sign**
☐ **Full Demolition**
☐ **Subdivision: Improved**
☐ **Subdivision: Condo**
- Directive 14 acceptance requested?** ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler** ☐ **FA - Fire Alarm** ☐ **FB - Fuel Burning** ☐ **FS - Fuel Storage**
☐ **FP - Fire Suppression** ☐ **MH - Mechanical** ☒ **PL - Plumbing** ☐ **SD - Standpipe**
☐ **SP - Sprinkler** ☐ **EQ - Construction Equipment** ☐ **CC - Curb Cut**
☒ **OT - GEN. CONSTR**

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

- ☒ No ☐ Yes ☐ Horizontal ☐ Vertical

9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☐ **Structural peer review required per BC §1627**
☐ ☒ **Filed to Comply with Local Law**
☐ ☒ **Other, Specify:**
☐ ☒ **Restrictive Declaration / Easement**
☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**
☐ ☒ **Landmark**
☐ ☐ **Filed to Address Violation(s)**
☐ ☒ **Legalization**
☐ ☒ **"Little E" Hazmat Site**
☐ ☒ **Unmapped Street**
☐ ☒ **Adult Establishment**
☐ ☒ **Compensated Development (Inclusionary Housing)**
☐ ☒ **Low Income Housing (Inclusionary Housing)**
☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**
☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**
☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**
☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**
☐ ☒ **Structural Stability affected by proposed work**
☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**
☐ ☒ **Site Safety Job / Project**

Peer Reviewer License No.(P.E.):

Local Law No./Year:

Yes No

- ☐ ☒ **Included in LMCCC**
☐ ☒ **Infill Zoning**
☐ ☒ **Loft Board**
☐ ☒ **Quality Housing**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code (Applicant Statement)*☐ To the best of my knowledge, belief and professional judgment, 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:☒ An alteration but not a substantial alteration☐ The work is an alteration of 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.**11 Job Description**

PROPOSE TO CONVERT TWO APARTMENTS INTO ONE, AT APTS. 2BD, 11PS & 14RT, REMOVE AND INSTALL INTERIOR NON LOAD BEARING PARTITIONS AND REMOVE AND INSTALL PLUMBING FIXTURES WITH PIPING AS PER PLANS SUBMITTED HERewith. NO CHANGE IN USE, EGRESS OR OCCUPANCY UNDER THIS APPLICATION.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.): 60

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics**2008 Code Designations?**

Occupancy Classification: Existing: J-2 - RESIDENTIAL APT HOUSE

☐ Yes ☒ No

Proposed: J-2 - RESIDENTIAL APT HOUSE

☐ Yes ☒ No

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

☐ Yes ☒ No

Proposed: I-A: 4 HOUR PROTECTED

☐ Yes ☒ No

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 155

Proposed:

Building Stories: Existing: 17

Proposed: 17

Dwelling Units: Existing: 596

Proposed: 596

Mixed use building? ☐ Yes ☐ No**14 Fill**☒ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

- ☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN E ROA

Relationship to Owner: ASSIST.DIR.C.C.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH. FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☒ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR.V.P.BUD.FIN.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-6129

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:



PW-1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.

House No(s) 3

Street Name WASHINGTON SQUARE VILLAGE

Borough MANHATTAN

Block 00533

Lot 00001

BIN 1077835

C.B. No. 102

Work on Floor(s) 002, 011, 014

Apt. / Condo No(s) 2B, 11P, 14R

2 Applicant Information Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.

Last Name NAPACH

First Name JOEL

Middle Initial M

Business Name NAPACH ROTHENBERG ARCHITECTS

Business Telephone (212) 274-9825

Business Address 264 CANAL STREET, 2ND FLOOR

Business Fax (212) 274-8132

City NEW YORK

State NY

Zip 10013

Mobile Telephone

E-Mail

License Number 020542

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other, please specify:

3 Filing Representative Complete only if different from applicant specified in section 2. Fax, Mobile Telephone, and E-Mail are optional.

Last Name NETELLE

First Name GABOR

Middle Initial G

Business Name NEW YORK UNIVERSITY

Business Telephone (212) 998-1406

Business Address 10 ASTOR PLACE, 6TH. FLOOR

Business Fax (212) 995-4025

City NEW YORK

State NY

Zip 10003

Mobile Telephone (646) 210-7152

E-Mail GABOR.NETELLE@NYU.EDU

Registration Number N43922

4 Filing Status Required for all applications. In this section * means required for Alteration Type 2 jobs only.

☒ Initial Filing 5, 7, 11-12, 24-25

☒ Prof. Certify Job/Plans PC-1, POC-1

☐ Self Certify Objections Only AI-1

☐ Changes Prior to Approval 23-24

☐ Add Work Types 6-7, 8A*, 11

☐ Amend Existing Filing 4A

☐ PAA 4A, 23-24

PAA effect fees? ☐ Yes ☐ No

☐ New Applicant 4A, 24-25

☐ Reinstatement 23-25

☐ Withdrawal 24-25

☐ Entire Job

☐ Specified in 4A

4A Doc. # / Work Type

Doc	WT	Doc	WT

5 Job Types Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.

☐ Alteration Type 1 13-14, 18-20, PW-1A, PD-1

☐ Partial Demolition

☐ Room Count / Dwelling Units

☐ Occupancy / Use

☐ Egress

☐ Alteration Type 1, OT: "No Work"

↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW-1A

☒ Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if ent.), 20 5A Directive 14 acceptance requested? ☒ Yes ☐ No

☐ Alteration Type 3 5A, 6B-F, 8C

☐ Demolition 6B, 8D, 9A-B, 13-14, 21

☐ New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1

☐ Sign 5A, 6B-D, 9A, 22

☐ Subdivision 5B, 9A

☐ Condominium

☐ Improved 17

5B ☐ Check if filing includes lot merger / reapportionment 17

5C Total Construction Floor Area: sq. ft.

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 ☐ BL - Boiler PW-1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW-1C

☐ FS - Fuel Storage PW-1C

☐ FP - Fire Suppression

☐ MH - Mechanical

☒ PL - Plumbing PW-1B

☐ SD - Standpipe PW-1B

☐ SP - Sprinkler PW-1B

6B ☐ EQ - Construction Equipment 15

6C ☒ OT/GC - General Construction

6D ☐ OT - Other provide description below:

6E ☐ CC - Curb Cut 16

6F ☐ OT/ANT - Antennae

☐ OT/BPP - Builders Pvmt. Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 25B

7 Plans Submitted Plans are required for most applications.

☐ NP - No Plans

or

☒ AR - Architectural

☐ OT - Other

☐ BP - BPP Checklist

☒ PL - Plumbing

☐ FO - Foundation

☐ ST - Structural

☐ ME - Mechanical

☐ ZO - Zoning

DOB Reference Number: T00000030211-000013

User Ref ID: 3WSV

8 Additional Information							
8A	WT	Cost	WT	Cost	WT	Cost	8B Enlargement proposed? <i>If yes, PD-1</i>
	PL	58000					<input checked="" type="checkbox"/> No enlargement proposed
	OT	315000					<input type="checkbox"/> Yes: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
							Additional area: sq. ft.
							8C Estimated Job Cost \$
							8D Street Frontage: linear ft.
							8E Height: ft. Width: ft.
							8F Name of cluster or development below:
							Project lead job no.

9 Additional Considerations, Limitations or Restrictions							
Yes No				Yes No			
9A	<input type="checkbox"/>	<input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/> Landmark	9D CRFN
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other, specify: _____			<input type="checkbox"/>	<input checked="" type="checkbox"/> Legalization (1/1/89+)	9E CRFN
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9D</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/> "Little E" Hazmat Site	9F HRT Lead No.
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/> Unmapped Street	9G Local Law No. Year
9B	<input type="checkbox"/>	<input checked="" type="checkbox"/> Adult Establishment <i>If yes, PD-1 (except DM jobs)</i>			<input type="checkbox"/>	<input checked="" type="checkbox"/> Included in LMCCC	9H BSA Calendar No(s)
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)			<input type="checkbox"/>	<input checked="" type="checkbox"/> Infill Zoning	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)			<input type="checkbox"/>	<input checked="" type="checkbox"/> Loft Board	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling			<input type="checkbox"/>	<input checked="" type="checkbox"/> Quality Housing	9I CPC Calendar No(s)
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Site Safety Job			<input type="checkbox"/>	<input checked="" type="checkbox"/> Site Safety Job	
9C	<input type="checkbox"/>	<input checked="" type="checkbox"/> Old Code Review Requested					
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Structural Stability affected by proposed work					

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>	10A Specific Reason for ECCCNYS Exemption
<input type="checkbox"/> To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.* <input checked="" type="checkbox"/> The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:* <input checked="" type="checkbox"/> An alteration but not a substantial alteration <input type="checkbox"/> Work in a historic building <input type="checkbox"/> Work in an exempt building (specify category/reasons in 10A)	
*I understand the Department may require supporting analyses and documentation.	

11 Job Description	11A Related DOB Job Numbers
PROPOSE TO CONVERT TWO APARTMENTS INTO ONE, AT APTS. 2BD, 11PS & 14RT, REMOVE AND INSTALL INTERIOR NON LOAD BEARING PARTITIONS AND REMOVE AND INSTALL PLUMBING FIXTURES WITH PIPING AS PER PLANS SUBMITTED HERewith. NO CHANGE IN USE, EGRESS OR OCCUPANCY UNDER THIS APPLICATION.	

12 Zoning Lot Characteristics <i>A complete set of zoning information is required for all initial applications.</i>			
District(s) R7-2	Map No. 12C	Zoning lot includes the following tax lots:	
Overlay(s) C1-5	Street legal width: 60 ft.		
Special Dist.(s)	Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		

13 Building Characteristics <i>*For occupancy classification, use main use or dominant occupancy per BC §27-239</i>						14 Fill	
Occupancy Classification*	Existing J-2	Proposed	Building Height	Existing 155 ft.	Proposed	Choose one:	
Construction Classification	Existing 1-A	Proposed	Building Stories	Existing 17	Proposed	<input checked="" type="checkbox"/> Not Applicable	
Multiple Dwelling Classification	Existing HAEA	Proposed	Dwelling Units	Existing 596	Proposed	<input type="checkbox"/> Off-Site	
Building Type:	<input type="checkbox"/> 1, 2, or 3 Family	<input checked="" type="checkbox"/> Other	Zoning Floor Area	Existing sq. ft.	Proposed sq. ft.	<input type="checkbox"/> On-Site	
						<input type="checkbox"/> Under 300 cu. yd.	

DOB Reference Number: T00000030211-000013

User Ref ID: 3WSV

2/08

15 Construction Equipment Choose one.

☐ Chute ☐ Sidewalk Shed Const. Material: _____
☐ Fence Size: _____ linear ft. BSA/MEA 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):

--	--	--	--	--	--	--	--	--	--

Tentative tax lot numbers (new tax lots only):

--	--	--	--	--	--	--	--	--	--

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

Yes No

☐ ☐ Demolishing a secondary structure? If yes, specify structure being demolished: _____
☐ ☐ Will demolition use mechanical means? If yes, mechanical means will demolish: ☐ entire structure or ☐ part of structure

22 Signs

Purpose: Type: Estimated Cost: \$ _____
☐ Advertising ☐ Illuminated 22A Total Square Feet: _____
☐ Accessory ☐ Non-Illuminated Height above Curb: _____ ft. in.
 Location: Height above Roof: _____ ft. in.
☐ Ground ☐ Roof 22B ☐ Wall

Yes No
☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. in.
☐ ☐ Designed for changeable copy? If no, 22C
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 22G
☐ ☐ Within 900' and within view of an arterial highway? If yes, 22D
☐ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 22E

→ If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 22F

22A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 25B

22B ☐ ☐ Is roof sign tight, closed or solid?

22C Sign wording. If extensive, provide only key wording.

22D Distance from Arterial Highway: _____ ft.

22E Distance from Park 1/2 acre or more: _____ ft.

22F OAC Sign Number: _____

22G OAC Registration Number: _____

23 Comments Additional comments may be placed on an AI-1 form.

24 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,

☐ 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.

Name (please print)

JOEL M NAPACH

Signature

Date



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

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

- ☐ ☒ **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 § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

- ☐ ☒ **Owner's Certification Regarding Occupied Housing**
The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

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

→ If yes, 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.

Internal Use Only

Pre-Filer Name: _____ Date: _____

Pre-Filer Signature: _____

Cost Estimate (if different from applicant): \$ _____

Amount due: \$ _____

Owner type: ☐ Condo/Co-Op } 25A ☐ Partnership ☐ HHC ☐ NYCHA
☒ Corporation ☐ DCAS ☐ HPD ☐ NYS
☐ Individual ☐ DOE ☐ Other Government

Is the owner a non-profit organization? ☒ Yes ☐ No

Name (please print): GERMAN E ROA

Relationship to Owner: ASSIST. DIR. C.C.

Business Name/Agency: NEW YORK UNIVERSITY

Street Address: 10 ASTOR PLACE, 6TH. FLOOR

City: NEW YORK State: NY Zip: 10003

Telephone Number: (212) 998-1407 Fax: (212) 995-4025

E-Mail Address: GERMAN.ROA@NYU.EDU

Signature and Date

25A Condo/Co-Op or Corporation Second Officer

Name (please print): JEANNE M SMITH

Title: SR. V.P. BUD. FIN.

Street Address: 70 WASHINGTON SQUARE SOUTH

City: NEW YORK State: NY Zip: 10012

Telephone Number: (212) 998-6129 Fax: _____

E-Mail Address: JEANNE.SMITH@NYU.EDU

25B 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: _____

DOB Reference Number: T00000030211
User Ref ID: 3WSV



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 521 WEST BROADWAY MANHATTAN

BIN: 1077835 Block: 533 Lot: 1

Job No: **120019274**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 02/17/2010 (X)

Application approved on: 04/20/2009

Pre-Filed: 04/20/2009 Building Type: Other

Estimated Total Cost: \$411,646.00

Date Filed: 04/20/2009 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 017

Apt/Condo No(s): **17LN**

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2ND FLOOR, WEST LOFT
NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 020542

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** M/F/D/R BUCA/CRUZ/RICH/HEUER**Business Name:** RH CONSULTANTS & ASSOCIATES, INC**Business Phone:** 212-947-1925**Business Address:** 19 WEST 36TH STREET 9TH FLOOR NEW YORK NY 10018**Business Fax:** 212-947-2003**E-Mail:** MARIA@RHCON.COM**Mobile Telephone:****Registration Number:** B27813**4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ **New Building**☐ Change in Exits/Egress☐ Change in Number of Stories☒ **Alteration Type 2**☐ **Full Demolition**☐ Change in Number of Dwelling Units☐ **Alteration Type 3**☐ **Subdivision: Improved**☐ Change in Room Count / Dwelling Units☐ **Sign**☐ **Subdivision: Condo**☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☒ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN. CONSTR****7 Plans/Construction Documents Submitted****Plans Page Count:** 0013**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☒ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☒ **Restrictive Declaration / Easement**☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☒ **Filed to Address Violation(s)**☐ ☒ **Legalization**☐ ☒ **"Little E" Hazmat Site**☐ ☒ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☒ **Included in LMCCC**☐ ☒ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☒ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☒ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**

- ☐ ☒ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

☐ To the best of my knowledge, belief and professional judgment, 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:

☒ An alteration but not a substantial alteration

☐ The work is an alteration of 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.

11 Job Description

PROPOSE TO COMBINE UNITS 17L AND 17N PURSUANT TO TPPN 3/97, REMOVE AND REPLACE INTERIOR PARTITIONS; GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed: RES - RESID. BLDG - OLD CODE

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 155

Proposed:

Building Stories: Existing: 17

Proposed: 17

Dwelling Units: Existing: 635

Proposed: 635

2008 Code Designations?☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☒ Yes ☐ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District☐ ☒ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN E ROA

Relationship to Owner: ASST. DIR. C.C.

Business Name: NEW YORK UNIVERSITY

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

E-Mail: GERMAN.ROA@NYU.EDU

Business Phone: 212-998-1407

Business Fax: 212-995-4025

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☐ Owner DHCR Notification
- ☐ ☒ Owner's Certification for Adult Establishment
- ☒ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: MARTIN DORPH

Title: SR. V.P.

Business Name: NEW YORK UNIVERSITY

**Business
Phone:** 212-998-8282

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012

Business Fax: 212-995-4100

E-Mail: MARTIN.DORPH@NYU.EDU

Metes and Bounds

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) **3** Street Name **WASHINGTON SQUARE VILLAGE**
Borough **MANHATTAN** Block **00533** Lot **00001** BIN **1077835** C.B. No. **102**
Work on Floor(s) **17** Apt. / Condo No(s) **17LN**

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

Last Name **NAPACH** First Name **JOEL** Middle Initial **M**
Business Name **NAPACH ROTHENBERG ARCHITECTS LLP** Business Telephone **(212) 274-9825**
Business Address **264 CANAL STREET, 2ND FLOOR, WEST LOFT** Business Fax **(212) 274-8132**
City **NEW YORK** State **NY** Zip **10013** Mobile Telephone
E-Mail **JNAPACH@NAPACHROTHENBERG.COM** License Number **020542**
Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ 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 **BUCA/CRUZ/RICH/HEUER** First Name **M/F/D/R** Middle Initial
Business Name **RH CONSULTANTS & ASSOCIATES, INC** Business Telephone **(212) 947-1925**
Business Address **19 WEST 36TH STREET, 9TH FLOOR** Business Fax **(212) 947-2003**
City **NEW YORK** State **NY** Zip **10018** Mobile Telephone
E-Mail **MARIA@RHCON.COM** Registration Number **B27813**

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

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

5 Job/Project Types *Choose one and provide specified associated information.*

- ☐ **Alteration Type 1** 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, PD1, select all that apply:
☐ Change in Exits
☐ Change in Number of Stories
☐ Change in Number of Dwelling Units
☐ Change in Occupancy / Use
☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT: "No Work"** 8C, 9-10 & 12, 13C-F, 14, 18-20, PW1A, PD1
☒ **Alteration Type 2** 5A, 6A-D, 8A-B, 9-10, 13C-E, 14, 20, 22
☐ **Alteration Type 3** 5A, 6B-F, 8C, 9-10, 13C-E, 22
☐ **New Building** 6A-E, 8F-G, 9A-C, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1
- ☐ **Full Demolition** 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22
☐ **Sign** 5A, 6B-D, 9B, 22-23
☐ **Subdivision** 9B, 12A-B
☐ Condominium ☐ Improved 17
5A Directive 14 acceptance requested? ☒ Yes ☐ No

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 PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input checked="" type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 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
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input checked="" type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	

DOB Reference Number: T00000150177-000072

User Ref ID: 30215017L

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?	8C Estimated Job Cost \$
PL	42846					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	26500					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	342300					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:*
- ☒ An alteration but not a substantial alteration
- ☐ Work in a historic building
- ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNYS Exemption**11 Job Description**

PROPOSE TO COMBINE UNITS 17L AND 17N PURSUANT TO TPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS; GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

11A Related DOB Job Numbers

11B Primary application job no.

12 Zoning Characteristics12A District(s) **R7 - 2**Overlay(s) **C1 - 5**

Special Dist.(s)

Map Number **12C**

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed:	Use*	Zoning Floor Area	District	FAR
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
		sq. ft.		
Proposed Totals		sq. ft.		
Existing Total		sq. ft.		

Proposed Lot Details:

Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:

Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:

Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.13A Primary structural system, choose **one**:☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B

Structural Occupancy Category

Existing

Proposed

Seismic Design Category

2008 Code Designations?

2008 Code Designations?

13C

Occupancy Classification*

RES☐ Yes ☒ No☒ Yes**

Construction Classification

1 - A☐ Yes ☒ No☐ Yes ☐ No

Multiple Dwelling Classification

HAEA13D Building Type: ☐ 1, 2, or 3 Family ☒ OtherMixed use building? ☒ Yes ☐ No

13E

Existing

Proposed

Building Height

155 ft.

Building Stories

17

Dwelling Units

635

13F

Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968The 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: **15'****17 Tax Lot Characteristics**

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

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

Existing Proposed

Yes No Yes No

Fire Alarm ☐ ☐ ☐ ☐Fire Suppression ☐ ☐ ☐ ☐Sprinkler ☐ ☐ ☐ ☐Standpipe ☐ ☐ ☐ ☐**19 Open Spaces**

Plaza Area

Existing sq. ft.

Proposed sq. ft.

Arcade Area

Existing sq. ft.

Proposed 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

7/08

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **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 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): **GERMAN E ROA**

Relationship to Owner: **ASST. DIR. C.C.**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date  **3/16/09**

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

Name (please print): **MARTIN DORPH**

Title: **SR. V.P.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

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:

E-Mail Address:

Internal Use Only

Pre-File Name:

Pre-File Signature:

Date:

Cost Estimate: \$

Amount Due: \$

Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: **T00000150177**

User Ref ID: **30215017L**


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 521 WEST BROADWAY MANHATTAN
BIN: 1077835 Block: 533 Lot: 1

Job No: **120294056**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 04/15/2010 (R)

Application approved on: 03/18/2010

Pre-Filed: 03/17/2010 Building Type: Other

Estimated Total Cost: \$300,000.00

Date Filed: 03/18/2010 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 004

Apt/Condo No(s):

2 Applicant of Record Information

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Not Provided

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JOSE/GABE/KATHY AMARILLO/NETELLE/CIE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 10 ASTOR PLACE NEW YORK NY 10003**E-Mail:** KATHY.CIESLA@NYU.EDU**Business Phone:** 212-998-1460**Business Fax:** 212-995-4025**Mobile Telephone:****Registration Number:** X01521**4 Filing Status**[Click Here to View](#)**5 Job Types**

- ☐ **Alteration Type 1**
☐ **New Building**
- ☐ Change in Exits/Egress
 ☒ **Alteration Type 2**
☐ **Full Demolition**
- ☐ Change in Number of Stories
 ☐ **Alteration Type 3**
☐ **Subdivision: Improved**
- ☐ Change in Number of Dwelling Units
 ☐ **Sign**
☐ **Subdivision: Condo**
- ☐ Change in Room Count / Dwelling Units
 ☐ Change in Occupancy / Use
 ☐ Change inconsistent with current Cert. of Occup.
- ☐ **Alteration Type 1, OT "No Work"**
 Directive 14 acceptance requested? ☒ Yes ☐ No

6 Work Types

- ☐ **BL - Boiler**
☐ **FA - Fire Alarm**
☐ **FB - Fuel Burning**
☐ **FS - Fuel Storage**
- ☐ **FP - Fire Suppression**
☒ **MH - Mechanical**
☒ **PL - Plumbing**
☐ **SD - Standpipe**
- ☐ **SP - Sprinkler**
☐ **EQ - Construction Equipment**
☐ **CC - Curb Cut**
- ☒ **OT - GEN. CONSTR**

7 Plans/Construction Documents Submitted

Plans Page Count: 16

8 Additional Information

Enlargement proposed?

☒ No
 ☐ Yes
 ☐ Horizontal
 ☐ Vertical
 9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☒ **Structural peer review required per BC §1627**
 Peer Reviewer License No.(P.E.):
- ☐ ☒ **Filed to Comply with Local Law**
 Local Law No./Year:
- ☐ ☒ **Other, Specify:**
- ☐ ☒ **Restrictive Declaration / Easement**
- ☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**
- ☐ ☒ **Landmark**
- ☐ ☒ **Filed to Address Violation(s)**
- ☐ ☒ **Legalization**
- ☐ ☒ **"Little E" Hazmat Site**
- ☐ ☒ **Unmapped Street**
- ☐ ☒ **Adult Establishment**
- ☐ ☒ **Compensated Development (Inclusionary Housing)**
- ☐ ☒ **Low Income Housing (Inclusionary Housing)**
- ☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**
- ☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**
- ☐ ☒ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**
- ☐ ☒ **Work includes partial demolition as defined in AC §28-101.5**
- ☐ ☒ **Structural Stability affected by proposed work**
- ☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**
- ☐ ☒ **Site Safety Job / Project**

Yes No

- ☐ ☒ **Included in LMCCC**
- ☐ ☒ **Infill Zoning**
- ☐ ☒ **Loft Board**
- ☐ ☒ **Quality Housing**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)☐ To the best of my knowledge, belief and professional judgment, 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:☒ An alteration but not a substantial alteration☐ The work is an alteration of 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.**11 Job Description**

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 4F & 4G INTO ONE. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: J2: RESIDENTIAL

Proposed: J2: RESIDENTIAL

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 155

Proposed:

Building Stories: Existing: 17

Proposed: 17

Dwelling Units: Existing: 596

Proposed: 596

2008 Code Designations?☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☐ Yes ☒ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

- ☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN ROA

Relationship to Owner: ASSIST.DIRECTOR

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☐ Owner DHCR Notification
☐ ☒ Owner's Certification for Adult Establishment
☒ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: MARTIN DORPH

Title: SR.VP.FIN&BUDG.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-8282

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax: 212-995-4100



PW1: Plan / Work Application

Must be typewritten.

DEPT. BLDGS.	120294056	Job Number
SC090731011		Scan Code

1 Location Information Required for all applications.

House No(s) 3	Street Name WASHINGTON SQUARE VILLAGE
Borough MANHATTAN	Block 00533 Lot 00001 BIN 1077835 C.B. No. 102
Work on Floor(s) 4	Apt. / Condo No(s)

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

Last Name NAPACH	First Name JOEL	Middle Initial
Business Name NAPACH ROTHENBERG ARCHITECTS	Business Telephone (212) 274-9825	
Business Address 264 CANAL STREET	Business Fax (212) 274-8132	
City NEW YORK	State NY	Zip 10013
E-Mail JNAPACH@NAPACHROTHENBERG.COM	License Number 020542	
Choose one: <input type="checkbox"/> P.E. <input checked="" 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 AMARILLO/NETELLE/CIE	First Name JOSE/GABE/KATHY	Middle Initial
Business Name NEW YORK UNIVERSITY	Business Telephone (212) 998-1460	
Business Address 10 ASTOR PLACE, 6TH FLOOR	Business Fax (212) 995-4025	
City NEW YORK	State NY	Zip 10003
E-Mail KATHY.CIESLA@NYU.EDU	Registration Number X01521	

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

<input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose <input type="checkbox"/> Standard Plan Examination or Review one: <input checked="" 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 Applicant 4A, 25-26	<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 25-26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing:
--	--	--

5 Job/Project Types Choose one and provide specified associated information.

<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, 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, PW1A, PD1 <input checked="" 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, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1	<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 5A Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

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 PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input checked="" type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 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
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input checked="" type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	

DOB Reference Number: T00000277722-000021

User Ref ID: 3WW-OT

10/09

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?	8C Estimated Job Cost \$
PL 20000			<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH 15000			<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT 265000			<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.			Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNY Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNY.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNY because per Chapter 1 of the ECCCNY it is:*
- ☒ An alteration but not a substantial alteration
- ☐ Work in a historic building
- ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNY Exemption

*I understand the Department may require supporting analyses and documentation.
**§101.5.2.1 of the ECCCNY only exempts thermal envelope provisions.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 4F & 4G INTO ONE. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000277722-000021

User Ref ID: 3WW-OT

10/09

12 Zoning Characteristics

12A District(s) R7-2 Overlay(s) C1-5 Special Dist.(s) Map Number 12C				12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private If the zoning lot includes multiple tax lots, list all tax lots here ►			
--	--	--	--	--	--	--	--

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.

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 checked="" type="checkbox"/> Other
Structural Occupancy Category			Mixed use building? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Seismic Design Category			

13C	Existing	Proposed	13E
Occupancy Classification*	J-2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building Height 155 ft.
Construction Classification	1-A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Building Stories 17
Multiple Dwelling Classification	HAEA		Dwelling Units 596

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):

Tentative tax lot numbers (new tax lots only):

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

20 Site Characteristics

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

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 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, ☐ (I 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)

JOEL NAPACH

Signature

Date

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

DOB Reference Number: T00000277722-000021

User Ref ID: 3WW-OT

10/09

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **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 final inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.

Owner type: ☐ Individual ☐ OCAS ☐ 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): **GERMAN ROA**

Relationship to Owner: **ASSIST. DIRECTOR**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date *[Signature]* **5/9/10**

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

Name (please print): **MARTIN DORPH**

Title: **SR. VP. FIN&BUDG.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

Signature and Date* **[Signature]**

*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-File Name:

Pre-File Signature:

Date:

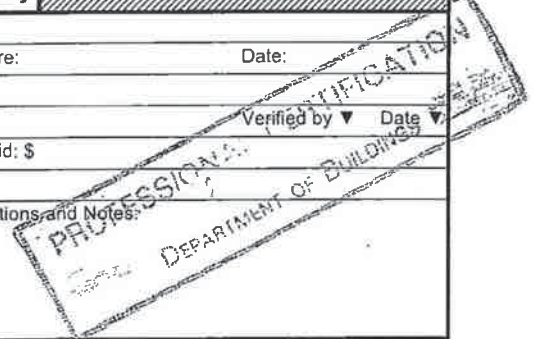
Cost Estimate: \$

Amount Due: \$

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications, and Notes:



DOB Reference Number: **T00000277722**

User Ref ID: **3WW-OT**

10/09


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings
Application Details

JUMP TO: Doc 1

Premises: 521 WEST BROADWAY MANHATTAN
BIN: 1077835 Block: 533 Lot: 1

Job No: **120655736**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 04/29/2011 (R)

Application approved on: 04/12/2011

Pre-Filed: 04/08/2011 Building Type: Other

Estimated Total Cost: \$300,000.00

Date Filed: 04/12/2011 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 3 Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 006

Apt/Condo No(s): **PS**

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: STORENLI@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2W NEW YORK NY 10013**Business Fax:** 212-274-8132**E-Mail:** STORENLI@NAPACHROTHENBERG.COM**Mobile Telephone:****Applicant Type:** RA**License Number:** 020542**3 Filing Representative**

None

4 Filing Status[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☒ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN. CONSTR****7 Plans/Construction Documents Submitted****Plans Page Count:** 0016**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☒ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☒ **Restrictive Declaration / Easement**☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☒ **Filed to Address Violation(s)**☐ ☒ **Legalization**☐ ☒ **"Little E" Hazmat Site**☐ ☒ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☒ **Compensated Development (Inclusionary Housing)**☐ ☒ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☒ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☒ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☒ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**☐ ☒ **Site Safety Job / Project****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☒ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)☒ To the best of my knowledge, belief and professional judgment, 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:☐ The work is an alteration of 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.**11 Job Description**

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 6P AND 6S INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: J2: RESIDENTIAL

Proposed: J2: RESIDENTIAL

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 144

Proposed: 144

Building Stories: Existing: 16

Proposed: 16

Dwelling Units: Existing: 637

Proposed: 637

2008 Code Designations?☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☐ Yes ☒ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

- ☐ ☒ Tidal / Fresh Water Wetlands
☐ ☒ Urban Renewal

Yes No

- ☒ ☐ Fire District
☐ ☒ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURE AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN ROA

Relationship to Owner: ASSIST. DIRECTO

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)

- ☐ ☐ Owner DHCR Notification
☐ ☒ Owner's Certification for Adult Establishment
☒ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer**Name:** MARTIN DORPH**Title:** SR.VP.FIN&BUDG.**Business Name:** NEW YORK UNIVERSITY**Business
Phone:** 212-998-8282**Business Address:** 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012**Business Fax:** 212-995-4100**E-Mail:** MARTIN.DORPH@NYU.EDU**Metes and Bounds**

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.



1 Location Information *Required for all applications.*

House No(s) **3**

Street Name **WASHINGTON SQUARE VILLAGE**

Borough **MANHATTAN**

Block **00533**

Lot **00001**

BIN **1077835**

C.B. No. **102**

Work on Floor(s) **6**

Apt. / Condo No(s) **PS**

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

Last Name **NAPACH**

First Name **JOEL**

Middle Initial **M**

Business Name **NAPACH ROTHENBERG ARCHITECTS**

Business Telephone **(212) 274-9825**

Business Address **264 CANAL STREET, 2W**

Business Fax **(212) 274-8132**

City **NEW YORK**

State **NY**

Zip **10013**

Mobile Telephone

E-Mail **STORENLI@NAPACHROTHENBERG.COM**

License Number **020542**

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ 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.*

☒ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☒ 1968 ☐ Prior to 1968

Choose one: ☐ Standard Plan Examination or Review
☒ Professional Certification PC1, POC1

☐ Professional Cert. of Objections A11

☐ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☐ Post Approval Amendment (PAA) 4A, 6, 24-25

Will PAA affect filing fees? ☐ Yes ☐ No

☐ New (Superseding) Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

5 Job/Project Types *Choose one and provide specified associated information.*

☐ Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply:

☐ Change in Exits

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup. (13B: 2008 Code only), 14, 18-20, PW1A, PD1

☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1

☒ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22

☐ New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E

☐ Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22

☐ Sign 5A, 6B-D, 9B, 22-23

☐ Subdivision 9B, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☒ Yes ☐ No

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 ☐ BL - Boiler PW1C

☐ FA - Fire Alarm

☐ FB - Fuel Burning PW1C

6B ☐ EQ - Construction Equipment 15

☐ FS - Fuel Storage PW1C

☐ FP - Fire Suppression

☒ MH - Mechanical

6C ☒ OT/GC - General Construction

☒ PL - Plumbing PW1B

☐ SD - Standpipe PW1B

☐ SP - Sprinkler PW1B

6D ☐ OT - Other, describe:

6E ☐ CC - Curb Cut 16

6F ☐ OT/ANT - Antenna

☐ OT/BPP - Builders Pavement Plan 8D

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB-Reference Number: T00000431828-000069

User Ref ID: 3 WSV CON

01/11

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?	8C Estimated Job Cost \$
PL	10000					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	25000					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	265000					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9N	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L <input type="checkbox"/> <input checked="" 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

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF 1 APARTMENTS 6P AND 6S INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000431828-000069

User Ref ID: 3 WSV CON

PROFESSIONAL CERTIFICATION

01/11

DEPARTMENT OF PLUMBING
SIGNED 1/11/11 7 OF 10

12 Zoning Characteristics

12A District(s) R7-2 Overlay(s) C1-5 Special Dist.(s) Map Number 12C				12B Street legal width: _____ ft. Street Status: <input type="checkbox"/> Public <input type="checkbox"/> Private If the zoning lot includes multiple tax lots, list all tax lots here ►			
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.			Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Side Yard 2 _____ ft.	
Proposed Totals		sq. ft.			If yes, no. of parking spaces: _____		
Existing Total		sq. ft.			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	2008 Code Designations?	2008 Code Designations?	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other Mixed use building?† <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Structural Occupancy Category					13E Existing Proposed Building Height 144 ft. _____ ft. Building Stories 16 _____ Dwelling Units 637 _____
Seismic Design Category					
13C Occupancy Classification*	J-2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes**	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Classification	1-A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Multiple Dwelling Classification	HAEA				
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> 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.
 to street: _____
17 Tax Lot Characteristics

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

--	--	--	--	--	--	--	--

Tentative tax lot numbers (new tax lots only):

--	--	--	--	--	--	--	--

18 Fire Protection Equipment

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

19 Open Spaces

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

20 Site Characteristics

	Yes	No
<input type="checkbox"/> <input checked="" type="checkbox"/> Tidal / Fresh Water Wetlands		
<input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal		
<input checked="" type="checkbox"/> <input type="checkbox"/> Fire District		
<input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area		

DOB-Reference Number: T00000431828-000069

PROFESSIONAL CERTIFICATION

User Ref ID: 3 WSV CON

01/11

 DEPARTMENT OF BUILDINGS
 Stamp Number 7 of 10

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? If no, specify in 26B
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. If extensive, provide only key wording.
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by: ft. in.			23D Distance from Arterial Highway: ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C			23E Distance from Park 1/2 acre or more: ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G			23F OAC Sign Number:
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D			23G OAC Registration Number:
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E			

→ 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.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURE AT THE DEPARTMENT OF BUILDINGS.

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. ☐ (I 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)

JOEL M. NABACH

Signature

Date

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

DOB-Reference Number: T00000431828-000069

PROFESSIONAL CERTIFICATION

User Ref ID: 3 WSV CON

01/11

DEPARTMENT OF BUILDINGS
 STAMP NUMBER 7 OF 10

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): **GERMAN ROA**

Relationship to Owner: **ASSIST. DIRECTO**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date

[Signature] 4/2/11

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

Name (please print): **MARTIN DORPH**

Title: **SR.VP.FIN&BUDG.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

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: \$

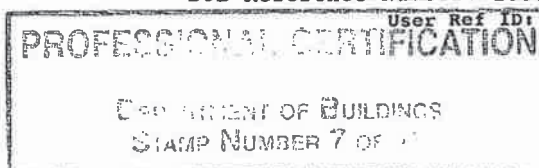
Verified by ▼ Date ▼

Initial Amount Paid: \$

Balance Due: \$

Stamps, Certifications and Notes:

DOB Reference Number: T00000431828



User Ref ID: 3 WSV CON

01/11


☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 521 WEST BROADWAY MANHATTAN
BIN: 1077835 Block: 533 Lot: 1

Job No: **100518708**

Document: 01 OF 5

Job Type: A1 - ALTERATION TYPE 1

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			C/O Preview	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

**Last Action: PLAN EXAM - APPROVED 02/04/1993 (P)
Application approved on: 02/04/1993**

Pre-Filed: 11/24/1992 Building Type: Other Estimated Total Cost: \$100.00

Date Filed: 12/14/1992 Fee Structure: STANDARD Filing Method: PAPER

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 521 Street Name: WEST BROADWAY

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077835

CB No: 102

Work on Floor(s): 1, 3, 4, 6, 8

Apt/Condo No(s):

2 Applicant of Record Information

Name: ELLIOT SALTZMAN

Business Name: ELLIOT SALTZMAN P.C

Business Phone: 516-883-4901

Business Address: 86 ORCHARD BEACH BLVD PT. WASHINGTON
NY 11050

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 006976

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Applicable

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JACKIE CLARKE**Business Name:** CLARKE CONST CONSULTANTS**Business Address:** 57-06 EAST HAMPTON BLVD BAYSIDE NY 11364**E-Mail:****Business Phone:** 718-224-1540**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☒ **Alteration Type 1**☐ **New Building**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☒ Change in Room Count / Dwelling Units☒ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 2**☐ **Full Demolition**☐ **Alteration Type 3**☐ **Subdivision: Improved**☐ **Sign**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☐ Yes ☒ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☐ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - ARCHITECTURAL****7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical

Total Construction Floor Area: 609,060 sq.ft.

9 Additional Considerations, Limitations or Restrictions

Yes No

☐ ☐ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☐ Restrictive Declaration / Easement☐ ☐ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☐ Filed to Address Violation(s)☐ ☐ Legalization☐ ☐ "Little E" Hazmat Site☐ ☐ Unmapped Street☐ ☐ Adult Establishment

Yes No

☐ ☐ Compensated Development (Inclusionary Housing)☐ ☐ Included in LMCCC☐ ☐ Low Income Housing (Inclusionary Housing)☐ ☒ Infill Zoning☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☒ Loft Board☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☒ Quality Housing☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems☐ ☐ Work includes partial demolition as defined in AC §28-101.5☐ ☒ Structural Stability affected by proposed work☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

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

19 Open Spaces

Not Provided

20 Site Characteristics

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Tidal / Fresh Water Wetlands	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire District
<input type="checkbox"/>	<input type="checkbox"/>	Urban Renewal	<input type="checkbox"/>	<input type="checkbox"/>	Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

AMENDED SCHEDULE "A" AND AMENDED DRAWINGS B-2 AND B-4 FILED HERewith
 INDICATING ADDITIONAL CONVERSION OF TWO APTS. INTO ONE. IN BUILDING #4 APARTMENTS D AND F ON THE
 4TH FLOOR AND ON THE 6TH FLOOR COMBINE APTS. G AND H. ALSO TO CORRECT ROOM COUNT ON SCHEDULE
 "A" FOR 1ST AND 8TH FLOORS. ALL CONSTRUCTION WORK IS PERFORMED UNDER ALT II APPLICATION.

REVISED SCHEDULE "A" AND REVISED DRAWINGS B-2, B-4 FILED HERewith
 INDICATING ADDITION CONVERSION OF TWO APARTMENTS INTO ONE. (IN BLDG. #4, APTS. O & R ON THE 3RD
 FLOOR)
 ALL CONSTRUCTION WORK IS PERFORMED UNDER ALT II APPLICATION.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: ROBERT GOLDFELD

Relationship to Owner: V.P. FOR ADMINI

Business Name: NEW YORK UNIV.

Business Phone: 212-998-2366


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN

BIN: 1077836 Block: 533 Lot: 1Job No: **102452668**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 08/04/2000 (X)

Application approved on: 11/29/1999

Pre-Filed: 09/17/1999 Building Type: Other

Estimated Total Cost: \$40,000.00

Date Filed: 09/21/1999 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 006

Apt/Condo No(s): **6o, 6n**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South NY NY 10016

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architect

Business Phone: 212-447-9494

Business Address: 440 Park Avenue South NY NY 10016

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique Arana**Business Name:** Michael Zenreich Architect**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN CONST.****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627****Peer Reviewer License No.(P.E.):**☐ ☒ **Filed to Comply with Local Law****Local Law No./Year:**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☒ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street****Yes No**☐ ☒ **Adult Establishment**☐ ☐ **Included in LMCCC**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**

☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* **(Applicant Statement)**

Not Provided

11 Job Description

Apartment Combinations: Demolition of minor interior partitions. Construction of minor interior partitions. Minor plumbing fixtures as per attached plans.

NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 12C

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed:

Mixed use building? ☐ Yes ☐ No

**2008 Code
Designations?**

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics



☒ [CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN

BIN: 1077836 Block: 533 Lot: 1

Job No: **103204239**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 10/08/2002 (X)

Application approved on: 07/03/2002

Pre-Filed: 07/02/2002 Building Type: Other

Estimated Total Cost: \$90,000.00

Date Filed: 07/03/2002 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: Prior-to-1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 013,014,016

Apt/Condo No(s): **13FG, 14DF, 16NO**

2 Applicant of Record Information

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: Michael Zenreich

Business Name: Michael Zenreich Architects

Business Address: 440 Park Avenue South New York NY 10016

E-Mail:

Applicant Type: RA

Business Phone: 212-447-9494

Business Fax:

Mobile Telephone:

License Number: 016554

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Enrique/Stefano Arana/Barresi**Business Name:** Michael Zenreich Architects**Business Address:** 440 Park Avenue South New York NY 10016**E-Mail:****Business Phone:** 212-447-9494**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☐ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN CONSTRUCT****7 Plans/Construction Documents Submitted**

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:**

Yes No

☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]

☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Apartment combinations. Remove and install interior partitions, doors and plumbing fixtures. Remove 1 kitchen at each combination. NO CHANGE TO USE, EGRESS, OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): C1-5 - LOCAL RETAIL DISTRICT

Overlay(s):

Special District(s):

Map No.: 012c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 1: FIREPROOF STRUCTURES

Proposed: 1: FIREPROOF STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 175

Building Stories: Existing:

Proposed: 1

Dwelling Units: Existing:

Proposed: 1

2008 Code Designations?

☐ Yes ☒ No

☐ Yes ☐ No

☐ Yes ☒ No

☐ Yes ☒ No

Mixed use building? ☐ Yes ☐ No

14 Fill

☐ Not Applicable

☐ Off-Site

☐ On-Site

☐ Under 300 cubic yards

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

Yes No

- ☐ ☐ Tidal / Fresh Water Wetlands
☐ ☐ Urban Renewal

- ☒ ☐ Fire District
☐ ☐ Flood Hazard Area

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. If non-compliance is disclosed I agree to notify the owner of the remedial measures which must be taken to meet Department of Buildings' requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees or, additionally, by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the Professional Certification Program at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
☐ ☐ Directive 14 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.

26 Owner's Information

Name: Robert Goldfeld

Relationship to Owner:

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
☐ ☒ Owner DHCR Notification
☐ ☐ Owner's Certification for Adult Establishment
☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: Richard Bing

Title: VP Budget

Business Name: New York University

Business Phone: 212-998-2366

Business Address: 70 Washington Square South New York NY 10012

Business Fax:

E-Mail:


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN

BIN: 1077836 Block: 533 Lot: 1

Job No: 103680946

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 04/07/2005 (X)

Application approved on: 03/11/2004

Pre-Filed: 01/06/2004 Building Type: Other

Estimated Total Cost: \$156,000.00

Date Filed: 01/06/2004 Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

[Job Description](#)
[Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 005

Apt/Condo No(s): D, F, G

2 Applicant of Record Information

Name: DEBORAH L BERKE

Business Name: DEBORAH B. & PRTNRS.ARCHTCS.LLP

Business Address: 211 WEST 19TH FLOOR NEW YORK NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERKE

Business Name: DEBORAH B. & PRTNRS.ARCHTCS.LLP

Business Address: 211 WEST 19TH FLOOR NEW YORK NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: RA

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** JOSE/GABE AMARILLO/NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 269 MERCER STREET NEW YORK NY 10003**E-Mail:****Business Phone:** 212-998-1401**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FP - Fire Suppression**☐ **SP - Sprinkler**☒ **OT - GC**☐ **FA - Fire Alarm**☐ **MH - Mechanical**☐ **EQ - Construction Equipment**☐ **FB - Fuel Burning**☒ **PL - Plumbing**☐ **CC - Curb Cut**☐ **FS - Fuel Storage**☐ **SD - Standpipe****7 Plans/Construction Documents Submitted****Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☒ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☐ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* **(Applicant Statement)**

Not Provided

11 Job Description

APPL.FILED FOR RECONSTR/CONSOLIDATION OF APTS.PER PNN#3/97 & AS
INDICATED ON PLANS SUBMITTED HEREWITH. NO CHANGE IN USE, OCCUPANCY OR EGRESS UNDER THIS
APPL.INTERIOR DEMOLITION & PL.FIXTURE REMOVAL PERFORMED UNDER DOB #103624302.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 596

**2008 Code
Designations?**

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Mixed use building? ☐ Yes ☐ No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner: CORPORATE OFFIC

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: RICHARD N BING

Title: V.P. BUDGE

Business Name: NEW YORK UNIVERSITY

Business
Phone: 212-998-2391Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



CLICK HERE TO SIGN UP FOR BUILDINGS NEWS

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN
BIN: 1077836 Block: 533 Lot: 1

Job No: 103957167

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview

Items Required

Virtual Job Folder

All Permits

Schedule A

Schedule B

Fees Paid

Forms Received

All Comments

C/O Summary

Plumbing Inspections

Crane Information

Plan Examination

Print Letter of Completion

After Hours Variance Permits

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

Last Action: SIGNED OFF 09/22/2005 (X)
Application approved on: 01/10/2005

Pre-Filed: 10/27/2004

Building Type: Other

Estimated Total Cost: \$130,000.00

Date Filed: 10/27/2004

Fee Structure: STANDARD

Filing Method: PAPER

Review is requested under Building Code: 1968

Job Description Comments

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 2, 13

Apt/Condo No(s): ORT, CE

2 Applicant of Record Information

Name: DEBORAH L BERK

Business Name: DEBORAH BERK&PARTNERS ARCHTS LLP

Business Address: 211 W 19TH ST N.Y NY 10011

E-Mail:

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: DEBORAH BERK

Business Name: DEBORAH BERK&PARTNERS ARCHTS LLP

Business Address: 211 W 19TH ST N.Y NY 10011

E-Mail:

Applicant Type: RA

Business Phone: 212-229-9211

Business Fax:

Mobile Telephone:

License Number: 015281

Previous Applicant of Record

Not Applicable

- ☐ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures** (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: CHERYL D MILLS

Relationship to Owner:

Business Name: N.Y.UNIVERSITY

Business Phone: 212-998-4095

Business Address: 70 WASHINGTON SQR SO N.Y. NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR VP FINA

Business Name: N.Y.UNIVERSITY

Business Phone: 212-998-6129

Business Address: SAME SAME SAME NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN
 BIN: 1077836 Block: 533 Lot: 1

Job No: **104707667**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 07/15/2008 (R)

Application approved on: 03/23/2007

Pre-Filed: 03/23/2007 Building Type: Other

Estimated Total Cost: \$772,500.00

Date Filed: 03/23/2007 Fee Structure: STANDARD

Filing Method: PC-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)
1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 005,011,012,015,017

Apt/Condo No(s):

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 73 SPRING STREET NEW YORK NY 10012

Business Fax:

E-Mail:

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other**Directive 14 Applicant**

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 73 SPRING STREET NEW YORK NY 10012

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 020542

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** Pablito/Marhu Corcolon/Bucasan**Business Name:** RH Consultants & Associates**Business Address:** 236 West 30th Street New York NY 10001**E-Mail:****Business Phone:** 212-947-1925**Business Fax:****Mobile Telephone:****Registration Number:****4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input checked="" type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input checked="" type="checkbox"/> OT - GC | | | |

7 Plans/Construction Documents Submitted**Plans Page Count:** Not Provided**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes ☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**☐ ☐ **Structural peer review required per BC §1627**☐ ☒ **Filed to Comply with Local Law**☐ ☒ **Other, Specify:**☐ ☐ **Restrictive Declaration / Easement**☐ ☐ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☐ **Filed to Address Violation(s)**☐ ☐ **Legalization**☐ ☐ **"Little E" Hazmat Site**☐ ☐ **Unmapped Street**☐ ☒ **Adult Establishment**☐ ☐ **Compensated Development (Inclusionary Housing)**☐ ☐ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☐ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☐ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☐ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work****Peer Reviewer License No.(P.E.):****Local Law No./Year:****Yes No**☐ ☐ **Included in LMCCC**☐ ☒ **Infill Zoning**☐ ☒ **Loft Board**☐ ☒ **Quality Housing**

- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

FILING TO COMBINE APT #'S 5C,5E INTO ONE(1) APT., APT #'S 11P,11S,11T INTO ONE(1) APT., APT #'S 12D,12F,12G INTO ONE(1) APT., APT #'S 15C,15E INTO ONE (1) APT., APT #'S 15P,15S INTO ONE(1) APT., APT#'S 17N,17O,17R INTO ONE(1) APT., APT #'S 17P,17S,17T INTO ONE(1) APT. GENERAL CONSTRUCTION, MECH/HVAC DUCTWORK & PLUMBING FIXTURES. NO CHANGE IN OCCUPANCY, USE OR EGRESS.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s):

Special District(s):

Map No.: 012C

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: RES - RESID. BLDG - OLD CODE

Proposed:

Construction Classification: Existing: 2: FIRE-PROTECTED STRUCTURES

Proposed: 2: FIRE-PROTECTED STRUCTURES

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed: 155

Building Stories: Existing:

Proposed: 17

Dwelling Units: Existing:

Proposed: 1

2008 Code Designations?☐ Yes ☒ No☐ Yes ☐ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☐ Yes ☐ No**14 Fill**☐ Not Applicable ☐ Off-Site ☐ On-Site ☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces

20 Site Characteristics

Yes No

☐ ☐ Tidal / Fresh Water Wetlands☐ ☐ Urban Renewal

Yes No

☒ ☐ Fire District☐ ☐ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws, including the rules of the Department of Buildings, as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☐ ☐ Directive 14 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.

26 Owner's Information

Name: MICHAEL C ALFANO

Relationship to Owner:

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4217

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK NY 10012

Business Fax:

E-Mail:

Owner Type: CORPORATION

Non Profit: ☐ Yes ☒ No

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☒ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: JEANNE M SMITH

Title: SR.V.P.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-4217

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012

Business Fax:

E-Mail:

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

JUMP TO: Doc 2 [Go](#)

Premises: 95 BLEECKER STREET MANHATTAN

BIN: 1077836 Block: 533 Lot: 1Job No: **110137165**

Document: 02 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

POST APPROVAL AMENDMENT FOR DOC 01

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PLAN EXAM - APPROVED 08/20/2008 (P)

Application approved on: 04/22/2008

Pre-Filed: 08/18/2008 Building Type: Other Estimated Total Cost: \$0.00
 Date Filed: 08/18/2008 Fee Structure: STANDARD Filing Method: PAPER

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 005

Apt/Condo No(s): **5N**

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Address: 264 CANAL STREET NEW YORK NY 10013

E-Mail:

Business Phone: 212-274-9825

Business Fax: 212-274-8132

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: GABOR G NETELLE**Business Name:** NEW YORK UNIVERSITY**Business Address:** 10 ASTOR PLACE NEW YORK NY 10003**E-Mail:** GABOR.NETELLE@NYU.EDU**Business Phone:** 212-998-1406**Business Fax:** 212-995-4025**Mobile Telephone:** 646-210-7152**Registration Number:** N43922**4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input type="checkbox"/> OT - Other | | | |

7 Plans/Construction Documents Submitted

Plans Page Count: Not Provided

8 Additional Information

Enlargement proposed?

☐ No ☐ Yes ☐ Horizontal ☐ Vertical
9 Additional Considerations, Limitations or Restrictions

Yes No

- ☐ ☐ Structural peer review required per BC §1627
- ☐ ☐ Filed to Comply with Local Law
- ☐ ☐ Other, Specify:
- ☐ ☐ Restrictive Declaration / Easement
- ☐ ☐ Zoning Exhibit Record (I,II,III,etc)
- ☐ ☒ Landmark
- ☐ ☐ Filed to Address Violation(s)
- ☐ ☐ Legalization
- ☐ ☐ "Little E" Hazmat Site
- ☐ ☐ Unmapped Street
- ☐ ☐ Adult Establishment
- ☐ ☐ Compensated Development (Inclusionary Housing)
- ☐ ☐ Low Income Housing (Inclusionary Housing)
- ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling
- ☐ ☐ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☐ Includes permanent removal of standpipe, sprinkler or fire suppression related systems
- ☐ ☐ Work includes partial demolition as defined in AC §28-101.5
- ☐ ☐ Structural Stability affected by proposed work
- ☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
- ☐ ☒ Site Safety Job / Project

Peer Reviewer License No.(P.E.):

Local Law No./Year:

Yes No

- ☐ ☐ Included in LMCCC
- ☐ ☒ Infill Zoning
- ☐ ☒ Loft Board
- ☐ ☒ Quality Housing

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

Not Provided

11 Job Description

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): NONE

Overlay(s):

Special District(s):

Map No.:

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

Proposed: Use

Zoning Area (sq.ft.)

District

FAR

Proposed Totals:

Existing Total:

Proposed Lot Details:

Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage (%):

Lot Area (sq.ft.):

Lot Width (ft.):

Proposed Yard Details:

☐ No Yards Or

Front Yard (ft.):

Rear Yard (ft.):

Rear Yard Equivalent (ft.):

Side Yard 1 (ft.):

Side Yard 2 (ft.):

Proposed Other Details:

Perimeter Wall Height (ft.):

Enclosed Parking? ☐ Yes ☐ No

No. of parking spaces:

13 Building Characteristics

Occupancy Classification: Existing:

Proposed:

Construction Classification: Existing:

Proposed:

Multiple Dwelling Classification: Existing:

Proposed:

Building Height (ft.): Existing:

Proposed:

Building Stories: Existing:

Proposed:

Dwelling Units: Existing:

Proposed:

Mixed use building? ☐ Yes ☐ No2008 Code
Designations?☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**14 Fill**☐ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Not Provided

21 Demolition Details

Not Applicable

22 Asbestos Abatement Compliance

- ☐ 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 Signs

Not Applicable

24 Comments

Comments for PAA Document 02 Modifying Document 01

Description of Amendment

PAA FILED TO CORRECT PL FIXTURES. (SEE ATTACHED PW1B, SCH B)

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☒ ☐ Directive 14 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.

26 Owner's Information

Not Applicable

Yes No

- ☐ ☐ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☐ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☐ Owner DHCR Notification
- ☐ ☐ Owner's Certification for Adult Establishment
- ☐ ☐ Owner's Certification for Directive 14 (if applicable)

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW-1: Plan / Work Application

Must be typewritten.

DEPT. OF BLDGS.	110137165	Job Number
SC080127037		Scan Code

1 Location Information Required for all applications.

House No(s) 4	Street Name WASHINGTON SQUARE VILLAGE
Borough MANHATTAN	Block 00533 Lot 00001 BIN 1077836 C.B. No. 102
Work on Floor(s) 005	Apt. / Condo No(s) 5N

2 Applicant Information Required for all applications. Business Fax, Mobile Telephone, and E-Mail are optional.

Last Name NAPACH	First Name JOEL	Middle Initial M
Business Name NAPACH ROTHENBERG ARCHITECTS	Business Telephone (212) 274-9825	
Business Address 264 CANAL STREET, 2ND FLOOR	Business Fax (212) 274-8132	
City NEW YORK	State NY	Zip 10013
E-Mail	Mobile Telephone	License Number 020542
Choose one: <input type="checkbox"/> P.E. <input checked="" 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 Telephone, and E-Mail are optional.

Last Name NETELLE	First Name GABOR	Middle Initial G
Business Name NEW YORK UNIVERSITY	Business Telephone (212) 998-1406	
Business Address 10 ASTOR PLACE, 6TH. FLOOR	Business Fax (212) 995-4025	
City NEW YORK	State NY	Zip 10003
E-Mail GABOR.NETELLE@NYU.EDU	Mobile Telephone (646) 210-7152	Registration Number N43922

4 Filing Status Required for all applications. In this section * means required for Alteration Type 2 jobs only.

<input checked="" type="checkbox"/> Initial Filing 5, 7, 11-12, 24-25	<input type="checkbox"/> Changes Prior to Approval 23-24	<input type="checkbox"/> New Applicant 4A, 24-25
<input checked="" type="checkbox"/> Prof. Certify Job/Plans PC-1, POC-1	<input type="checkbox"/> Add Work Types 6-7, 8A*, 11	<input type="checkbox"/> Reinstatement 23-25
<input type="checkbox"/> Self Certify Objections Only AI-1	<input type="checkbox"/> Amend Existing Filing 4A	<input type="checkbox"/> Withdrawal 24-25
	<input type="checkbox"/> PAA 4A, 23-24	<input type="checkbox"/> Entire Job
	PAA effect fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Specified in 4A

4A Doc. # / Work Type

Doc	WT	Doc	WT

5 Job Types Select one and provide specified associated information. Alteration Types 1, 2, and 3 require sections 5B, 9A-C and 10.

<input type="checkbox"/> Alteration Type 1 13-14, 18-20, PW-1A, PD-1	<input checked="" type="checkbox"/> Alteration Type 2 5A, 6A-D, 8A-B, 13, 14 (if enl.), 20 5A	Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Partial Demolition	<input type="checkbox"/> Alteration Type 3 5A, 6B-F, 8C	5B <input type="checkbox"/> Check if filing includes lot merger / reapportionment 17
<input type="checkbox"/> Room Count / Dwelling Units	<input type="checkbox"/> Demolition 6B, 8D, 9A-B, 13-14, 21	5C Total Construction Floor Area: sq. ft.
<input type="checkbox"/> Occupancy / Use	<input type="checkbox"/> New Building 5B-C, 6A-E, 8F, 9A-B, 10, 13-14, and 18-20, PW-1A, PD-1	
<input type="checkbox"/> Egress	<input type="checkbox"/> Sign 5A, 6B-D, 9A, 22	
<input type="checkbox"/> Alteration Type 1, OT: "No Work"	<input type="checkbox"/> Subdivision 5B, 9A	
↳ 5B, 8C, 9A-C, 10, 13-14, 18-19, PW-1A	<input type="checkbox"/> Condominium	
	<input type="checkbox"/> Improved 17	

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 PW-1C	<input type="checkbox"/> MH - Mechanical	6B <input type="checkbox"/> EQ - Construction Equipment 15	6F <input type="checkbox"/> OT/ANT - Antennae
<input type="checkbox"/> FA - Fire Alarm	<input checked="" type="checkbox"/> PL - Plumbing PW-1B	6C <input checked="" type="checkbox"/> OT/GC - General Construction	<input type="checkbox"/> OT/BPP - Builders Pymt. Plan 8D
<input type="checkbox"/> FB - Fuel Burning PW-1C	<input type="checkbox"/> SD - Standpipe PW-1B	6D <input type="checkbox"/> OT - Other provide description below:	<input type="checkbox"/> OT/FPP - Fire Protection Plan
<input type="checkbox"/> FS - Fuel Storage PW-1C	<input type="checkbox"/> SP - Sprinkler PW-1B	6E <input type="checkbox"/> CC - Curb Cut 16	<input type="checkbox"/> OT/MAR - Marquee 8E, 25B
<input type="checkbox"/> FP - Fire Suppression			

7 Plans Submitted Plans are required for most applications.

<input type="checkbox"/> NP - No Plans	or	<input checked="" type="checkbox"/> AR - Architectural	<input type="checkbox"/> BP - BPP Checklist	<input type="checkbox"/> FO - Foundation	<input type="checkbox"/> ME - Mechanical
		<input type="checkbox"/> OT - Other	<input checked="" type="checkbox"/> PL - Plumbing	<input type="checkbox"/> ST - Structural	<input type="checkbox"/> ZO - Zoning

DOB Reference Number: T00000026220-000160

User Ref ID: 4WSV

8 Additional Information							
8A	WT	Cost	WT	Cost	WT	Cost	8B Enlargement proposed? <i>If yes, PD-1</i>
	PL	20000					<input checked="" type="checkbox"/> No enlargement proposed
	OT	110000					<input type="checkbox"/> Yes: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical
							Additional area: sq. ft.
							8C Estimated Job Cost \$
							8D Street Frontage: linear ft.
							8E Height: ft. Width: ft.
							8F Name of cluster or development below:
							Project lead job no.

9 Additional Considerations, Limitations or Restrictions			
Yes No		Yes No	
9A	<input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law <i>If yes, 9G</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9D CRFN
	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Legalization (1/1/89+)	9E CRFN
	<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement <i>If yes, 9D</i>	<input type="checkbox"/> "Little E" Hazmat Site	9F HRT Lead No.
	<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) <i>If yes, 9E</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9G Local Law No. Year
9B	<input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment <i>If yes, PD-1 (except DM jobs)</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9H BSA Calendar No(s)
	<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9I CPC Calendar No(s)
	<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
9C	<input type="checkbox"/> <input checked="" type="checkbox"/> Old Code Review Requested	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		

10 ECCCNYS Compliance <i>Energy Conservation Construction Code of NYS</i>	10A Specific Reason for ECCCNYS Exemption
<input type="checkbox"/> To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.* <input checked="" type="checkbox"/> The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> An alteration but not a substantial alteration <input type="checkbox"/> Work in a historic building <input type="checkbox"/> Work in an exempt building (specify category/reasons in 10A) 	
*I understand the Department may require supporting analyses and documentation.	

11 Job Description	11A Related DOB Job Numbers
PROPOSE TO CONVERT THREE APARTMENTS INTO ONE, APT 5NOR, REMOVE AND INSTALL INTERIOR NON LOAD BEARING PARTITIONS AND REMOVE AND INSTALL PLUMBING FIXTURES WITH PIPING AS PER PLANS SUBMITTED HEREWITH. NO CHANGE IN USE, EGRESS OR OCCUPANCY UNDER THIS APPLICATION.	

12 Zoning Lot Characteristics <i>A complete set of zoning information is required for all initial applications.</i>			
District(s) R7 - 2	Map No. 12C	Zoning lot includes the following tax lots:	
Overlay(s) C1 - 5	Street legal width: 60 ft.		
Special Dist.(s)	Street Status: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		

13 Building Characteristics <i>*For occupancy classification, use main use or dominant occupancy per BC §27-239</i>				14 Fill	
	Existing	Proposed		Existing	Proposed
Occupancy Classification*	J-2		Building Height	155 ft.	ft.
Construction Classification	1-A		Building Stories	17	
Multiple Dwelling Classification	HAEA		Dwelling Units	667	
Building Type:	<input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other		Zoning Floor Area	sq. ft.	sq. ft.
				Choose one:	
				<input checked="" type="checkbox"/> Not Applicable	
				<input type="checkbox"/> Off-Site	
				<input type="checkbox"/> On-Site	
				<input type="checkbox"/> Under 300 cu. yd.	

DOB Reference Number: T00000026220-000160

User Ref ID: 4WSV

15 Construction Equipment <i>Choose one.</i> <input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed Const. Material: _____ <input type="checkbox"/> Fence Size: _____ linear ft. BSA/MEA No. _____ <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> 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): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> Tentative tax lot numbers (new tax lots only): <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	18 Fire Protection Equipment <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		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"/>												
	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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Existing</th> <th>Proposed</th> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <th></th> <th>sq. ft.</th> <th>sq. ft.</th> <th></th> <th>sq. ft.</th> <th>sq. ft.</th> </tr> </thead> <tbody> <tr> <td>Plaza Area</td> <td></td> <td></td> <td>Arcade Area</td> <td></td> <td></td> </tr> <tr> <td>Parking Area</td> <td></td> <td></td> <td>Parking Spaces</td> <td></td> <td></td> </tr> <tr> <td>Loading Berths</td> <td></td> <td></td> <td>Loading Berths</td> <td></td> <td></td> </tr> </tbody> </table>		Existing	Proposed		Existing	Proposed		sq. ft.	sq. ft.		sq. ft.	sq. ft.	Plaza Area			Arcade Area			Parking Area			Parking Spaces			Loading Berths			Loading Berths			20 Site Characteristics Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Tidal / Fresh Water Wetlands <input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal <input checked="" type="checkbox"/> <input type="checkbox"/> Fire District <input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area
	Existing	Proposed		Existing	Proposed																										
	sq. ft.	sq. ft.		sq. ft.	sq. ft.																										
Plaza Area			Arcade Area																												
Parking Area			Parking Spaces																												
Loading Berths			Loading Berths																												
21 Demolition Yes No <input type="checkbox"/> <input type="checkbox"/> Demolishing a secondary structure? <i>If yes, specify structure being demolished:</i> _____ <input type="checkbox"/> <input type="checkbox"/> Will demolition use mechanical means? <i>If yes, mechanical means will demolish:</i> <input type="checkbox"/> entire structure or <input type="checkbox"/> part of structure																															
22 Signs <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Purpose:</td> <td style="width: 20%;">Type:</td> <td style="width: 20%;">Estimated Cost: \$</td> <td style="width: 40%;">22A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect</td> </tr> <tr> <td><input type="checkbox"/> Advertising</td> <td><input type="checkbox"/> Illuminated 22A</td> <td>Total Square Feet: _____</td> <td rowspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i> </td> </tr> <tr> <td><input type="checkbox"/> Accessory</td> <td><input type="checkbox"/> Non-Illuminated</td> <td>Height above Curb: _____ ft. in.</td> <td>22B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?</td> </tr> <tr> <td colspan="2">Location:</td> <td>Height above Roof: _____ ft. in.</td> <td>22C Sign wording. <i>If extensive, provide only key wording.</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Ground <input type="checkbox"/> Roof 22B <input type="checkbox"/> Wall </td> <td></td> <td></td> </tr> <tr> <td colspan="2"> Yes No <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, 22C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 22G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 22D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 22E</i> </td> <td></td> <td> 22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____ </td> </tr> </table> <p>→ If answer is "yes" to either of the above two questions and this is an advertising sign, OAC sign number is required in section 22F</p>		Purpose:	Type:	Estimated Cost: \$	22A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect	<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 22A	Total Square Feet: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Accessory	<input type="checkbox"/> Non-Illuminated	Height above Curb: _____ ft. in.	22B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?	Location:		Height above Roof: _____ ft. in.	22C Sign wording. <i>If extensive, provide only key wording.</i>	<input type="checkbox"/> Ground <input type="checkbox"/> Roof 22B <input type="checkbox"/> Wall				Yes No <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, 22C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 22G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 22D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 22E</i>			22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____		
Purpose:	Type:	Estimated Cost: \$	22A Illuminated type: <input type="checkbox"/> Direct <input type="checkbox"/> Flashing <input type="checkbox"/> Indirect																												
<input type="checkbox"/> Advertising	<input type="checkbox"/> Illuminated 22A	Total Square Feet: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> If sign projects beyond building line, is owner billed for annual permit? <i>If no, specify in 25B</i>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>																								
Yes	No																														
<input type="checkbox"/>	<input type="checkbox"/>																														
<input type="checkbox"/> Accessory	<input type="checkbox"/> Non-Illuminated	Height above Curb: _____ ft. in.	22B <input type="checkbox"/> <input type="checkbox"/> Is roof sign tight, closed or solid?																												
Location:		Height above Roof: _____ ft. in.	22C Sign wording. <i>If extensive, provide only key wording.</i>																												
<input type="checkbox"/> Ground <input type="checkbox"/> Roof 22B <input type="checkbox"/> Wall																															
Yes No <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, 22C</i> <input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? <i>If yes, 22G</i> <input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? <i>If yes, 22D</i> <input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? <i>If yes, 22E</i>			22D Distance from Arterial Highway: _____ ft. 22E Distance from Park 1/2 acre or more: _____ ft. 22F OAC Sign Number: _____ 22G OAC Registration Number: _____																												
23 Comments <i>Additional comments may be placed on an AI-1 form.</i>																															

24 Applicant's Statements and Signatures *Required for all applications.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 prepared or supervised the preparation of the plans and specifications herewith submitted and to best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the NYC Administrative Code and other applicable laws and regulations,

☐ 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.

Name (please print)

JOEL M. ROA

Signature



Date

4-8-08

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

25 Owner's Statements and Signatures *Fax and E-Mail are optional.*

Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Code 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 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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

☐ ☒ **Energy Conservation Construction Code of NYS**

Does the proposed work constitute a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

☐ ☒ **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 § 26-210 of the NYC Administrative Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

☐ ☒ **Owner's Certification Regarding Occupied Housing**

The building to be altered, or the site of the new building, or the dwelling to be demolished or removed, as the case may be, contains occupied housing accommodations subject to rent control under Chapter 3 of Title 26 of the NYC Administrative Code.

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

→ If yes, 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.

Internal Use Only

Pre-Filer Name: _____ Date: _____

Pre-Filer Signature: _____

Cost Estimate (if different from applicant): \$ _____

Amount due: \$ _____

Owner type: ☐ Condo/Co-Op } 25A ☐ Partnership ☐ HHC ☐ NYCHA
☒ Corporation ☐ DCAS ☐ HPD ☐ NYS
☐ Individual ☐ DOE ☐ Other Government

Is the owner a non-profit organization? ☒ Yes ☐ No

Name (please print): GERMAN E ROA

Relationship to Owner: ASSIST. DIR. C.C.

Business Name/Agency: NEW YORK UNIVERSITY

Street Address: 10 ASTOR PLACE, 6TH. FLOOR

City: NEW YORK

State: NY Zip: 10003

Telephone Number: (212) 998-1407

Fax: (212) 995-4025

E-Mail Address: GERMAN.ROA@NYU.EDU

Signature and Date

German Roa 4/21/08

25A Condo/Co-Op or Corporation Second Officer

Name (please print): JEANNE M SMITH

Title: SR.V.P.BUD.FIN.

Street Address: 70 WASHINGTON SQUARE SOUTH

City: NEW YORK

State: NY Zip: 10012

Telephone Number: (212) 998-6129

Fax:

E-Mail Address: JEANNE.SMITH@NYU.EDU

25B 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:

DOB Reference Number: T00000026220

User Ref ID: 4WSV

2/08


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

Premises: 95 BLEECKER STREET MANHATTAN
 BIN: 1077836 Block: 533 Lot: 1

Job No: **120019256**

Document: 01 OF 1

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination			Print Letter of Completion	
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: SIGNED OFF 02/17/2010 (X)

Application approved on: 04/20/2009

Pre-Filed: 04/20/2009 Building Type: Other

Estimated Total Cost: \$398,210.00

Date Filed: 04/20/2009 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 009

Apt/Condo No(s): **9CE**

2 Applicant of Record Information

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2ND FLOOR, WEST LOFT
NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS LLP

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax:

E-Mail:

Mobile Telephone:

Applicant Type: RA

License Number: 020542

Previous Applicant of Record

Not Applicable

3 Filing Representative**Name:** M/F/D/R BUCA/CRUZ/RICH/HEUER**Business Name:** RH CONSULTANTS & ASSOCIATES, INC**Business Phone:** 212-947-1925**Business Address:** 19 WEST 36TH STREET 9TH FLOOR NEW YORK NY 10018**Business Fax:** 212-947-2003**E-Mail:** MARIA@RHCON.COM**Mobile Telephone:****Registration Number:** B27813**4 Filing Status**[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**

- ☐ Change in Exits/Egress
- ☐ Change in Number of Stories
- ☐ Change in Number of Dwelling Units
- ☐ Change in Room Count / Dwelling Units
- ☐ Change in Occupancy / Use
- ☐ Change inconsistent with current Cert. of Occup.

☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**☐ **Alteration Type 1, OT "No Work"****Directive 14 acceptance requested?** ☒ Yes ☐ No**6 Work Types**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> BL - Boiler | <input type="checkbox"/> FA - Fire Alarm | <input type="checkbox"/> FB - Fuel Burning | <input type="checkbox"/> FS - Fuel Storage |
| <input type="checkbox"/> FP - Fire Suppression | <input checked="" type="checkbox"/> MH - Mechanical | <input checked="" type="checkbox"/> PL - Plumbing | <input type="checkbox"/> SD - Standpipe |
| <input type="checkbox"/> SP - Sprinkler | <input type="checkbox"/> EQ - Construction Equipment | <input type="checkbox"/> CC - Curb Cut | |
| <input checked="" type="checkbox"/> OT - GEN. CONSTR | | | |

7 Plans/Construction Documents Submitted**Plans Page Count:** 14**8 Additional Information****Enlargement proposed?**☒ No ☐ Yes ☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions****Yes No**

- ☐ ☒ Structural peer review required per BC §1627
- ☐ ☒ Filed to Comply with Local Law
- ☐ ☒ Other, Specify:
- ☐ ☒ Restrictive Declaration / Easement
- ☐ ☒ Zoning Exhibit Record (I,II,III,etc)
- ☐ ☒ Landmark
- ☐ ☒ Filed to Address Violation(s)
- ☐ ☒ Legalization
- ☐ ☒ "Little E" Hazmat Site
- ☐ ☒ Unmapped Street
- ☐ ☒ Adult Establishment
- ☐ ☒ Compensated Development (Inclusionary Housing)
- ☐ ☒ Low Income Housing (Inclusionary Housing)
- ☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling
- ☐ ☒ Filing includes Lot Merger / Reapportionment (If Yes,17)
- ☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems

Peer Reviewer License No.(P.E.):**Local Law No./Year:****Yes No**

- ☐ ☒ Included in LMCCC
- ☐ ☒ Infill Zoning
- ☐ ☒ Loft Board
- ☐ ☒ Quality Housing

- ☐ ☒ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

☐ To the best of my knowledge, belief and professional judgment, 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:

☒ An alteration but not a substantial alteration

☐ The work is an alteration of 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.

11 Job Description

PROPOSE TO COMBINE UNITS 9C & E PURSUANT TO TPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS, GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

Occupancy Classification: Existing: J2: RESIDENTIAL

Proposed: J2: RESIDENTIAL

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

Proposed: I-A: 4 HOUR PROTECTED

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 155

Proposed:

Building Stories: Existing: 17

Proposed: 17

Dwelling Units: Existing: 667

Proposed: 667

2008 Code Designations?☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ No☐ Yes ☒ NoMixed use building? ☐ Yes ☒ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District☐ ☒ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN E ROA

Relationship to Owner: ASST. DIR. C.C.

Business Name: NEW YORK UNIVERSITY

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

E-Mail: GERMAN.ROA@NYU.EDU

Business Phone: 212-998-1407

Business Fax: 212-995-4025

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☐ Owner DHCR Notification
- ☐ ☒ Owner's Certification for Adult Establishment
- ☒ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: MARTIN DORPH

Title: SR. V.P.

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-8282

Business Address: 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012

Business Fax: 212-995-4100

E-Mail: MARTIN.DORPH@NYU.EDU

Metes and Bounds

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.			
House No(s) 4		Street Name WASHINGTON SQUARE VILLAGE	
Borough MANHATTAN	Block 00533	Lot 00001	BIN 1077836
C.B. No. 102			
Work on Floor(s) 9		Apt. / Condo No(s) 9CE	

2 Applicant Information Required for all applications. Fax, mobile telephone and e-mail address are optional information.			
Last Name NAPACH		First Name JOEL	
Middle Initial M			
Business Name NAPACH ROTHENBERG ARCHITECTS LLP		Business Telephone (212) 274-9825	
Business Address 264 CANAL STREET, 2ND FLOOR, WEST LOFT		Business Fax (212) 274-8132	
City NEW YORK	State NY	Zip 10013	Mobile Telephone
E-Mail JNAPACH@NAPACHROTHENBERG.COM		License Number 020542	
Choose one: <input type="checkbox"/> P.E. <input checked="" 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 BUCA/CRUZ/RICH/HEUER		First Name M/F/D/R	
Middle Initial			
Business Name RH CONSULTANTS & ASSOCIATES, INC		Business Telephone (212) 947-1925	
Business Address 19 WEST 36TH STREET, 9TH FLOOR		Business Fax (212) 947-2003	
City NEW YORK	State NY	Zip 10018	Mobile Telephone
E-Mail MARIA@RHCON.COM		Registration Number B27813	

4 Filing Status Required for all applications. Choose one and provide specified associated information.			
<input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26			
Review is requested under which Building Code?			
<input type="checkbox"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968			
Choose <input type="checkbox"/> Standard Plan Examination or Review			
one: <input checked="" type="checkbox"/> Professional Certification PC1, POC1			
<input type="checkbox"/> Self Certification of Objections A/I			
<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 Applicant 4A, 25-26			
<input type="checkbox"/> Reinstatement 24-26			
<input type="checkbox"/> Withdrawal 25-26			
<input type="checkbox"/> Specified in 4A and 6			
<input type="checkbox"/> Entire Job			
4A Indicate existing document number affected by filing:			

5 Job/Project Types Choose one and provide specified associated information.			
<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, 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, PW1A, PD1, 13D-E, 17A, 22			
<input checked="" 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, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1			
<input type="checkbox"/> Full Demolition 6B, 8D, 9B-D, & 13D-E, 17A, 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			
5A Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 PW1C		<input type="checkbox"/> FS - Fuel Storage PW1C	
<input type="checkbox"/> FA - Fire Alarm		<input type="checkbox"/> FP - Fire Suppression	
<input type="checkbox"/> FB - Fuel Burning PW1C		<input type="checkbox"/> MH - Mechanical	
<input checked="" type="checkbox"/> EQ - Construction Equipment 15		<input type="checkbox"/> OT/GC - General Construction	
<input type="checkbox"/> PL - Plumbing PW1B		<input type="checkbox"/> SD - Standpipe PW1B	
<input type="checkbox"/> SP - Sprinkler PW1B		<input type="checkbox"/> OT - Other, describe:	
6E <input type="checkbox"/> CC - Curb Cut 16		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			

DOB Reference Number: T00000149561-000104

User Ref ID: 3021499EC

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?	8C	Estimated Job Cost \$
	PL	45130						<input checked="" type="checkbox"/> No enlargement is proposed		8D Street Frontage: linear ft.
	MH	27380						<input type="checkbox"/> Yes 12, PD1		8E Height: ft. Width: ft.
	OT	325700						<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical		8F Name of cluster or development below:
								Additional Construction Floor Area: sq. ft.		Project lead job no.
8G	Total Construction Floor Area:									

9 Additional Considerations, Limitations or Restrictions

Yes	No	Yes	No	9F	Structural Peer Reviewer License No.
9A	<input type="checkbox"/> <input checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F				P.E.
9B	<input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark		9G	Local Law No(s) Year
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site			
	<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street		9H	Violation No(s)
	<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H			
	<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued			9I	BSA Calendar No(s)
9C	<input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC			
	<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning		9J	CPC Calendar No(s)
	<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board			
	<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing			
	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project			
9D	<input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems			9K	High-Rise Team Tracking Number:
9E	<input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B				
	<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work				
9L	CRFN(s) Restrictive Declaration / Easement (max. 4):				
9M	CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):				

10 ECCCNY Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNY.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNY because per Chapter 1 of the ECCCNY it is:*
- ☒ An alteration but not a substantial alteration
- ☐ Work in a historic building
- ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNY Exemption**11 Job Description**

PROPOSE TO COMBINE UNITS 9C & E PURSUANT TO TFPN 3/97. REMOVE AND REPLACE INTERIOR PARTITIONS, GENERAL PLUMBING AND MECHANICAL MODIFICATIONS AS PER PLANS, NO CHANGE TO OCCUPANCY, USE OR EGRESS.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000149561-000104

User Ref ID: 3021499BC

12 Zoning Characteristics12A District(s) **R7-2**Overlay(s) **C1-5**

Special Dist.(s)

Map Number **12C**

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed Use*	Zoning Floor Area	District	FAR
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
Proposed Totals	sq. ft.		
Existing Total	sq. ft.		

Proposed Lot Details:

Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:

Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:

Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.

13A Primary structural system, choose one:

☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B

Structural Occupancy Category

Seismic Design Category

13C

Occupancy Classification*

Construction Classification

Multiple Dwelling Classification

Existing

Proposed

2008 Code Designations?

2008 Code Designations?

2008 Code Designations?

2008 Code Designations?

2008 Code Designations?

13D Building Type: ☐ 1, 2, or 3 Family ☒ OtherMixed use building? ☐ Yes ☒ No

13E

Building Height

Building Stories

Dwelling Units

13F

Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968The 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):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

Existing Proposed

Yes No Yes No

Fire Alarm ☐ ☐ ☐ ☐Fire Suppression ☐ ☐ ☐ ☐Sprinkler ☐ ☐ ☐ ☐Standpipe ☐ ☐ ☐ ☐**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(a)).

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? If no, specify in 26B
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. If extensive, provide only key wording.
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by: _____ ft. in.			23D Distance from Arterial Highway: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C			23E Distance from Park 1/2 acre or more: _____ ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G			23F OAC Sign Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D			23G OAC Registration Number: _____
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E			

→ 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.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS, AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

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 incurred 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 exception 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)

JOEL M. NAPASH

Signature

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

020542

Date

3/12/09

DOB Reference Number: T00000149561-000104

User Ref ID: 3021499EC

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.

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 Energy Conservation Construction Code of NYS (ECCCNYS).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?

- ☐ ☒ **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 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): **GERMAN E ROA**

Relationship to Owner: **ASST. DIR. C.C.**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date: *German E. Roa* 3/16/09

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

Name (please print): **MARTIN DORPH**

Title: **SR. V.P.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

Signature and Date: *Martin Dorph*

*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:

DOB Reference Number: T00000149561

User Ref ID: 3021499EC


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

**NYC Department of Buildings
Application Details**

JUMP TO: Doc 1

Premises: 95 BLEECKER STREET MANHATTAN
BIN: 1077836 Block: 533 Lot: 1

Job No: **120294047**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 04/09/2010 (R)
Application approved on: 03/23/2010

Pre-Filed: 03/17/2010 **Building Type:** Other

Estimated Total Cost: \$300,000.00

Date Filed: 03/23/2010 **Fee Structure:** STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)

1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1

BIN: 1077836

CB No: 102

Work on Floor(s): 015

Apt/Condo No(s):

2 Applicant of Record Information

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Name: JOEL NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: JNAPACH@NAPACHROTHENBERG.COM

Mobile Telephone:

Applicant Type: RA

License Number: 020542

Previous Applicant of Record

Not Applicable

3 Filing Representative

Name: JOSE/GABE/KATHY AMARILLO/NETELLE/CIE

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1460

Business Address: 10 ASTOR PLACE NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: KATHY.CIESLA@NYU.EDU

Mobile Telephone:

Registration Number: X01521

4 Filing Status[Click Here to View](#)**5 Job Types**☐ Alteration Type 1☐ New Building☐ Change in Exits/Egress☐ Change in Number of Stories☒ Alteration Type 2☐ Full Demolition☐ Change in Number of Dwelling Units☐ Alteration Type 3☐ Subdivision: Improved☐ Change in Room Count / Dwelling Units☐ Sign☐ Subdivision: Condo☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ Alteration Type 1, OT "No Work"Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ BL - Boiler☐ FA - Fire Alarm☐ FB - Fuel Burning☐ FS - Fuel Storage☐ FP - Fire Suppression☒ MH - Mechanical☒ PL - Plumbing☐ SD - Standpipe☐ SP - Sprinkler☐ EQ - Construction Equipment☐ CC - Curb Cut☒ OT - GEN. CONSTR**7 Plans/Construction Documents Submitted**

Plans Page Count: 16

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☒ Structural peer review required per BC §1627

Peer Reviewer License No.(P.E.):

☐ ☒ Filed to Comply with Local Law

Local Law No./Year:

☐ ☒ Other, Specify:☐ ☒ Restrictive Declaration / Easement☐ ☒ Zoning Exhibit Record (I,II,III,etc)☐ ☒ Landmark☐ ☒ Filed to Address Violation(s)☐ ☒ Legalization☐ ☒ "Little E" Hazmat Site☐ ☒ Unmapped Street

Yes No

☐ ☒ Adult Establishment☐ ☒ Included in LMCCC☐ ☒ Compensated Development (Inclusionary Housing)☐ ☒ Infill Zoning☐ ☒ Low Income Housing (Inclusionary Housing)☐ ☒ Loft Board☐ ☒ Single Room Occupancy (SRO) Multiple Dwelling☐ ☒ Quality Housing☐ ☒ Filing includes Lot Merger / Reapportionment (If Yes,17)☐ ☒ Includes permanent removal of standpipe, sprinkler or fire suppression related systems

- ☐ ☒ Work includes partial demolition as defined in AC §28-101.5
☐ ☒ Structural Stability affected by proposed work
☐ ☐ Work includes lighting fixture and/or controls, installation or replacement. [SECC 404 and 505]
☐ ☒ Site Safety Job / Project

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code* (Applicant Statement)

- ☐ To the best of my knowledge, belief and professional judgment, 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:
☒ An alteration but not a substantial alteration
☐ The work is an alteration of 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.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 15N & 15O INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics

		2008 Code Designations?
Occupancy Classification: Existing:	J2: RESIDENTIAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed:	J2: RESIDENTIAL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Classification: Existing:	I-A: 4 HOUR PROTECTED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Proposed:	I-A: 4 HOUR PROTECTED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Multiple Dwelling Classification: Existing:	HAEA	
Proposed:	HAEA	
Building Height (ft.): Existing:	155	
Proposed:		
Building Stories: Existing:	17	
Proposed:	17	
Dwelling Units: Existing:	667	
Proposed:	667	
Mixed use building?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

14 Fill

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

15 Construction Equipment

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District☐ ☒ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**25 Applicant's Statements and Signatures (See paper form or check Forms Received)**

Yes No

☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?

☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN ROA

Relationship to Owner: ASSIST.DIRECTOR

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)
- ☐ ☐ Owner DHCR Notification
- ☐ ☒ Owner's Certification for Adult Establishment
- ☒ ☐ Owner's Certification for Directive 14 (if applicable)

Condo / Co-Op or Corporation Second Officer

Name: MARTIN DORPH

Title: SR.VP.FIN&BUDG.

Business Name: NEW YORK UNIVERSITY**Business
Phone:** 212-998-8282**Business Address:** 70 WASHINGTON SQUARE SOUTH NEW YORK
NY 10012**Business Fax:** 212-995-4100**E-Mail:** MARTIN.DORPH@NYU.EDU**Metes and Bounds**

To view metes and bounds, see the Plot Diagram (form PD-1). A scanned image may be available [here](#).

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



PW1: Plan / Work Application

Must be typewritten.

DEPT. BLDGS.	120294047	Job Number
SC090731039		Scan Code

1 Location Information Required for all applications.

House No(s) 4	Street Name WASHINGTON SQUARE VILLAGE			
Borough MANHATTAN	Block 00533	Lot 00001	BIN 1077836	C.B. No. 102
Work on Floor(s) 15	Apt. / Condo No(s)			

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

Last Name NAPACH	First Name JOEL	Middle Initial	
Business Name NAPACH ROTHENBERG ARCHITECTS	Business Telephone (212) 274-9825		
Business Address 264 CANAL STREET	Business Fax (212) 274-8132		
City NEW YORK	State NY	Zip 10013	Mobile Telephone
E-Mail JNAPACH@NAPACHROTHENBERG.COM	License Number 020542		
Choose one: <input type="checkbox"/> P.E. <input checked="" 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 AMARILLO/NETELLE/CIE	First Name JOSE/GABE/KATHY	Middle Initial	
Business Name NEW YORK UNIVERSITY	Business Telephone (212) 998-1460		
Business Address 10 ASTOR PLACE, 6TH FLOOR	Business Fax (212) 995-4025		
City NEW YORK	State NY	Zip 10003	Mobile Telephone
E-Mail KATHY.CIESLA@NYU.EDU	Registration Number X01521		

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

<input checked="" type="checkbox"/> Initial Filing 5, 7, 11, 12A, 25-26 Review is requested under which Building Code? <input type="checkbox"/> 2008 <input checked="" type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 Choose <input type="checkbox"/> Standard Plan Examination or Review one: <input checked="" 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 Applicant 4A, 25-26	<input type="checkbox"/> Reinstatement 24-26 <input type="checkbox"/> Withdrawal 25-26 <input type="checkbox"/> Specified in 4A and 6 <input type="checkbox"/> Entire Job 4A Indicate existing document number affected by filing:
---	--	--

5 Job/Project Types Choose one and provide specified associated information.

<input type="checkbox"/> Alteration Type 1 6A-E, 8B-C, 9-10, 12, 13C-F & 14, 18-20, 22, PW1A, 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, PW1A, PD1 <input checked="" 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, 10, 12, 13A-E (13B: 2008 Code only), 14, 18-20, PW1A, PD1	<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 5A Directive 14 acceptance requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

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 PW1C <input type="checkbox"/> FA - Fire Alarm <input type="checkbox"/> FB - Fuel Burning PW1C	<input type="checkbox"/> FS - Fuel Storage PW1C <input type="checkbox"/> FP - Fire Suppression <input checked="" type="checkbox"/> MH - Mechanical	<input checked="" type="checkbox"/> PL - Plumbing PW1B <input type="checkbox"/> SD - Standpipe PW1B <input type="checkbox"/> SP - Sprinkler PW1B	6E <input type="checkbox"/> CC - Curb Cut 16 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
6B <input type="checkbox"/> EQ - Construction Equipment 15	6C <input checked="" type="checkbox"/> OT/GC - General Construction	6D <input type="checkbox"/> OT - Other, describe:	

DOB Reference Number: T00000278499-000021

User Ref ID: 4WV-OT

10/09

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?	8C Estimated Job Cost \$
PL	20000					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	15000					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	265000					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9L	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work on or after Jan. 1, 1989 where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L CRFN(s) Restrictive Declaration / Easement (max. 4):		
9M CRFN(s) Zoning Exhibit (I, II, III, etc. - max. 4):		

10 ECCCNYS Compliance *Energy Conservation Construction Code of NYS*

- ☐ To the best of my knowledge, belief and professional judgment, this application is in compliance with the ECCCNYS.*
- ☐ Energy analysis is on another job number: _____
- ☒ The work proposed in this application is exempt from the ECCCNYS because per Chapter 1 of the ECCCNYS it is:
- ☒ An alteration but not a substantial alteration
 - ☐ Work in a historic building
 - ☐ Work in an exempt building (specify category/reasons in 10A)**

10A Specific Reason for ECCCNYS Exemption

*I understand the Department may require supporting analyses and documentation.
**§101.5.2.1 of the ECCCNYS only exempts thermal envelope provisions.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENTS 15N & 15O INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.

DOB Reference Number: T00000278499-000021

User Ref ID: 4WV-OT

10/09

12 Zoning Characteristics12A District(s) **R7-2**Overlay(s) **C1-5**

Special Dist.(s)

Map Number **12C**

12B Street legal width: _____ ft.

Street Status: ☐ Public ☐ Private

If the zoning lot includes multiple tax lots, list all tax lots here ►

12C Proposed: Use*	Zoning Floor Area	District	FAR
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
	sq. ft.		
Proposed Totals	sq. ft.		
Existing Total	sq. ft.		

Proposed Lot Details:

Lot Type: ☐ Corner ☐ Interior ☐ Through

Lot Coverage _____ %

Lot Area _____ sq. ft.

Lot Width _____ ft.

Proposed Other Details:

Enclosed Parking? ☐ Yes ☐ No

If yes, no. of parking spaces: _____

Perimeter Wall Height _____ ft.

Proposed Yard Details:

Check here if no yards: ☐ or

Front Yard _____ ft.

Rear Yard _____ ft.

Rear Yard Equivalent _____ ft.

Side Yard 1 _____ ft.

Side Yard 2 _____ 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.

13A Primary structural system, choose one:

☐ Masonry☐ Concrete (CIP)☐ Concrete (Precast)☐ Wood☐ Steel (Structural)☐ Steel (Cold-Formed)☐ Steel (Encased in Concrete)

13B

Structural Occupancy Category

Existing

Proposed

Seismic Design Category

2008 Code Designations?

2008 Code Designations?

13C

Occupancy Classification*

J-2☐ Yes ☒ No☒ Yes**

Construction Classification

1-A☐ Yes ☒ No☐ Yes ☐ No

Multiple Dwelling Classification

HAEA13D Building Type: ☐ 1, 2, or 3 Family ☒ OtherMixed use building? ☐ Yes ☒ No

13E

Existing

Proposed

Building Height **155** ft.Building Stories **17**Dwelling Units **667**

13F

Building was originally erected pursuant to which Building Code: ☐ 2008 ☐ 1968 ☐ Prior to 1968The 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):

Tentative tax lot numbers (new tax lots only):

18 Fire Protection Equipment

Existing Proposed

Yes No Yes No

Fire Alarm ☐ ☐ ☐ ☐Fire Suppression ☐ ☐ ☐ ☐Sprinkler ☐ ☐ ☐ ☐Standpipe ☐ ☐ ☐ ☐**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

DOB Reference Number: T00000278499-000021

User Ref ID: 4WV-OT

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: ☐ Advertising ☐ Non-Advertising
Type: ☐ Illuminated 23A ☐ Non-Illuminated
Estimated Cost: \$ _____
Total Square Feet: _____
Height above Curb: _____ ft. _____ in.
Height above Roof: _____ ft. _____ in.
Location: ☐ Ground ☐ Roof 23B ☐ Wall
Yes No
☐ ☐ Is sign inside building line? If no, sign projects by: _____ ft. _____ in.
☐ ☐ Designed for changeable copy? If no, 23C
☐ ☐ Does an OAC have an interest in this sign or location? If yes, 23G
☒ ☐ Within 900' and within view of an arterial highway? If yes, 23D
☒ ☐ Within 200' and within view of a park 1/2 acre or more? If yes, 23E

→ 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

23A Illuminated type: ☐ Direct ☐ Flashing ☐ Indirect

Yes No

- ☐ ☐ If sign projects beyond building line, is owner billed for annual permit? If no, specify in 26B

23B ☐ ☐ Is roof sign tight, closed or solid?

23C Sign wording. If extensive, provide only key wording.

23D Distance from Arterial Highway: _____ ft.

23E Distance from Park 1/2 acre or more: _____ ft.

23F OAC Sign Number: _____

23G OAC Registration Number: _____

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 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)

JOEL GRAPACH

Signature

Date

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

DOB Reference Number: T00000278499-000021

User Ref ID: 4WV-OT

10/09

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.

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 Energy Conservation Construction Code of NYS (ECCCNY).

Yes No

- ☐ ☒ **Energy Conservation Construction Code of NYS**
Does the proposed work constitute part or all of a replacement of 50% or more of a system or subsystem at this location in any consecutive 12 month period?
- ☐ ☒ **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 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 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): **GERMAN ROA**

Relationship to Owner: **ASSIST. DIRECTOR**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date *German R. Roa 3/9/10*

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

Name (please print): **MARTIN DORPH**

Title: **SR. VP. FIN&BUDG.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

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:

ACCEPTED FOR PROFESSIONAL

MANHATTAN

DEPARTMENT OF BUILDINGS

DATE: MAR 23 2010

DOB Reference Number: 100000278499

User Ref ID: 4WV-OT


[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

Application Details

JUMP TO: Doc 1

Premises: 95 BLEECKER STREET MANHATTAN
 BIN: 1077836 Block: 533 Lot: 1

Job No: **120655754**

Document: 01 OF 2

Job Type: A2 - ALTERATION TYPE 2

Document Overview	Items Required	Virtual Job Folder	All Permits	Schedule A	Schedule B
Fees Paid	Forms Received		All Comments	C/O Summary	Plumbing Inspections
Crane Information	Plan Examination				
After Hours Variance Permits					

This job is not subject to the Department's Development Challenge Process. For any issues, please contact the relevant borough office.

----- * PROFESSIONALLY CERTIFIED * -----

Last Action: PERMIT ISSUED - ENTIRE JOB/WORK 05/13/2011 (R)

Application approved on: 04/12/2011

Pre-Filed: 04/08/2011 Building Type: Other

Estimated Total Cost: \$570,000.00

Date Filed: 04/12/2011 Fee Structure: STANDARD

Filing Method: E-FILED

Review is requested under Building Code: 1968

[Job Description](#) [Comments](#)
1 Location Information (Filed At)

House No(s): 4

Street Name: WASHINGTON SQUARE VILLAGE

Borough: Manhattan

Block: 533

Lot: 1 BIN: 1077836

CB No: 102

Work on Floor(s): 007,011

Apt/Condo No(s): **7PS, 11CE****2 Applicant of Record Information**

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET NEW YORK NY 10013

Business Fax: 212-274-8132

E-Mail: STORENLI@NAPACHROTHENBERG.COM

Mobile Telephone:

License Number: 020542

Applicant Type: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other

Directive 14 Applicant

Not Provided

Previous Applicant of Record

Name: JOEL M NAPACH

Business Name: NAPACH ROTHENBERG ARCHITECTS

Business Phone: 212-274-9825

Business Address: 264 CANAL STREET 2W NEW YORK NY 10013**Business Fax:** 212-274-8132**E-Mail:** STORENLI@NAPACHROTHENBERG.COM**Mobile Telephone:****Applicant Type:** RA**License Number:** 020542**3 Filing Representative**

None

4 Filing Status[Click Here to View](#)**5 Job Types**☐ **Alteration Type 1**☐ Change in Exits/Egress☐ Change in Number of Stories☐ Change in Number of Dwelling Units☐ Change in Room Count / Dwelling Units☐ Change in Occupancy / Use☐ Change inconsistent with current Cert. of Occup.☐ **Alteration Type 1, OT "No Work"**☐ **New Building**☒ **Alteration Type 2**☐ **Alteration Type 3**☐ **Sign**☐ **Full Demolition**☐ **Subdivision: Improved**☐ **Subdivision: Condo**Directive 14 acceptance requested? ☒ Yes ☐ No**6 Work Types**☐ **BL - Boiler**☐ **FA - Fire Alarm**☐ **FB - Fuel Burning**☐ **FS - Fuel Storage**☐ **FP - Fire Suppression**☒ **MH - Mechanical**☒ **PL - Plumbing**☐ **SD - Standpipe**☐ **SP - Sprinkler**☐ **EQ - Construction Equipment**☐ **CC - Curb Cut**☒ **OT - GEN. CONSTR****7 Plans/Construction Documents Submitted**

Plans Page Count: 0025

8 Additional Information

Enlargement proposed?

☒ No ☐ Yes☐ Horizontal ☐ Vertical**9 Additional Considerations, Limitations or Restrictions**

Yes No

☐ ☒ **Structural peer review required per BC §1627**

Peer Reviewer License No.(P.E.):

☐ ☒ **Filed to Comply with Local Law**

Local Law No./Year:

☐ ☒ **Other, Specify:**☐ ☒ **Restrictive Declaration / Easement**☐ ☒ **Zoning Exhibit Record (I,II,III,etc)**☐ ☒ **Landmark**☐ ☒ **Filed to Address Violation(s)**☐ ☒ **Legalization**☐ ☒ **"Little E" Hazmat Site**☐ ☒ **Unmapped Street**

Yes No

☐ ☒ **Adult Establishment**☐ ☒ **Included in LMCCC**☐ ☒ **Compensated Development (Inclusionary Housing)**☐ ☒ **Infill Zoning**☐ ☒ **Low Income Housing (Inclusionary Housing)**☐ ☒ **Loft Board**☐ ☒ **Single Room Occupancy (SRO) Multiple Dwelling**☐ ☒ **Quality Housing**☐ ☒ **Filing includes Lot Merger / Reapportionment (If Yes,17)**☐ ☒ **Includes permanent removal of standpipe, sprinkler or fire suppression related systems**☐ ☒ **Work includes partial demolition as defined in AC §28-101.5**☐ ☒ **Structural Stability affected by proposed work**☐ ☒ **Work includes lighting fixture and/or controls, installation or replacement. [§ECC 404 and 505]**☐ ☒ **Site Safety Job / Project**

BSA Calendar No.(s):

CPC Calendar No.(s):

10 NYCECC Compliance *New York City Energy Conservation Code (Applicant Statement)*☒ To the best of my knowledge, belief and professional judgment, 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:☐ The work is an alteration of 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.**11 Job Description**

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENT 7P AND 7S, ALSO 11C AND 11E INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

Related BIS Job Numbers:

Primary application Job Number:

12 Zoning Characteristics

District(s): R7-2 - GENERAL RESIDENCE DISTRICT

Overlay(s): C1-5 - LOCAL RETAIL DISTRICT

Special District(s):

Map No.: 12c

Street legal width (ft.):

Street status: ☒ Public ☐ Private

Zoning lot includes the following tax lots: Not Provided

13 Building Characteristics2008 Code
Designations?

Occupancy Classification: Existing: J2: RESIDENTIAL

☐ Yes ☒ No

Proposed: J2: RESIDENTIAL

☐ Yes ☒ No

Construction Classification: Existing: I-A: 4 HOUR PROTECTED

☐ Yes ☒ No

Proposed: I-A: 4 HOUR PROTECTED

☐ Yes ☒ No

Multiple Dwelling Classification: Existing: HAEA

Proposed: HAEA

Building Height (ft.): Existing: 144

Proposed: 144

Building Stories: Existing: 16

Proposed: 16

Dwelling Units: Existing: 637

Proposed: 637

Mixed use building? ☐ Yes ☒ No**14 Fill**☒ Not Applicable☐ Off-Site☐ On-Site☐ Under 300 cubic yards**15 Construction Equipment**

Not Applicable

16 Curb Cut Description

Not Applicable

17 Tax Lot Characteristics

Not Provided

18 Fire Protection Equipment

Not Applicable

19 Open Spaces**20 Site Characteristics**

Yes No

☐ ☒ Tidal / Fresh Water Wetlands☐ ☒ Urban Renewal

Yes No

☒ ☐ Fire District☐ ☒ Flood Hazard Area**21 Demolition Details**

Not Applicable

22 Asbestos Abatement Compliance

- ☒ 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 Signs

Not Applicable

24 Comments**Comments for Document 01**

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

25 Applicant's Statements and Signatures (See paper form or check Forms Received)

Yes No

- ☐ ☐ For New Building and Alteration 1 applications filed under the 2008 NYC Building Code only: does this building qualify for high-rise designation?
- ☒ ☐ Directive 14 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.

26 Owner's Information

Name: GERMAN ROA

Relationship to Owner: ASSIST. DIRECTO

Business Name: NEW YORK UNIVERSITY

Business Phone: 212-998-1407

Business Address: 10 ASTOR PLACE 6TH FLOOR NEW YORK NY 10003

Business Fax: 212-995-4025

E-Mail: GERMAN.ROA@NYU.EDU

Owner Type: CORPORATION

Non Profit: ☒ Yes ☐ No

Yes No

- ☐ ☒ Owner's Certification Regarding Occupied Housing (Remain Occupied)
- ☐ ☒ Owner's Certification Regarding Occupied Housing (Rent Control / Stabilization)



PW1: Plan / Work Application

Must be typewritten.



1 Location Information Required for all applications.

House No(s) 4

Street Name WASHINGTON SQUARE VILLAGE

Borough MANHATTAN

Block 00533

Lot 00001

BIN 1077836

C.B. No. 102

Work on Floor(s) 7, 11

Apt. / Condo No(s) 7PS, 11CE

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

Last Name NAPACH

First Name JOEL

Middle Initial M

Business Name NAPACH ROTHENBERG ARCHITECTS

Business Telephone (212) 274-9825

Business Address 264 CANAL STREET, 2W

Business Fax (212) 274-8132

City NEW YORK

State NY

Zip 10013

Mobile Telephone

E-Mail STORENLI@NAPACHROTHENBERG.COM

License Number 020542

Choose one: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ 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.

☒ Initial Filing 5, 7, 11, 12A, 25-26

Review is requested under which Building Code?

☐ 2008 ☒ 1968 ☐ Prior to 1968

Choose ☐ Standard Plan Examination or Review one: ☒ Professional Certification PC1, POC1

☐ Professional Cert. of Objections A11

☐ Prior to Approval Actions 25-26

☐ Amend Existing Filing 4A

☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11

☐ Post Approval Amendment (PAA) 4A, 6, 24-25

Will PAA affect filing fees? ☐ Yes ☐ No

☐ New (Superseding) Applicant 4A, 25-26

☐ Reinstatement 24-26

☐ Withdrawal 26

☐ Specified in 4A and 6

☐ Entire Job

4A Indicate existing document number affected by filing:

5 Job/Project Types Choose one and provide specified associated information.

☐ Alteration Type 1 6A-E, 8B-C, 9-10, 13C-F, 14 & 18-20, 22, PW1A, PD1, select all that apply:

☐ Change in Exits

☐ Change in Number of Stories

☐ Change in Number of Dwelling Units

☐ Change in Occupancy / Use

☐ Change inconsistent with current Cert. of Occup. (13B: 2008 Code only), 14, 18-20, PW1A, PD1

☐ Alteration Type 1, OT: "No Work" 8C, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1

☒ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, & 13C-E, 14, 20, 22

☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 22

☐ New Building 6A-E, 8F-G, 9A-C, 9L, 10, 12, 13A-E

☐ Full Demolition 6B, 8D, 9B-D, & 13D-E, 14, 21A, 22

☐ Sign 5A, 6B-D, 9B, 22-23

☐ Subdivision 9B, 12A-B

☐ Condominium ☐ Improved 17

5A Directive 14 acceptance requested?

☒ Yes ☐ No

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 ☐ BL - Boiler PW1C

☐ FS - Fuel Storage PW1C

☒ PL - Plumbing PW1B

6E ☐ CC - Curb Cut 16

☐ FA - Fire Alarm

☐ FP - Fire Suppression

☐ SD - Standpipe PW1B

6F ☐ OT/ANT - Antenna

☐ FB - Fuel Burning PW1C

☒ MH - Mechanical

☐ SP - Sprinkler PW1B

☐ OT/BPP - Builders Pavement Plan 8D

6B ☐ EQ - Construction Equipment 15

6C ☒ OT/GC - General Construction

6D ☐ OT - Other, describe:

☐ OT/FPP - Fire Protection Plan

☐ OT/MAR - Marquee 8E, 26B

DOB Reference Number: T00000432108-000037
PROFESSIONAL CERTIFICATION
User Ref ID: 4WSVCON11

DEPARTMENT OF BUILDINGS
STAMP NUMBER 7 OF 10

01/11

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?	8C Estimated Job Cost \$
PL	30000					<input checked="" type="checkbox"/> No enlargement is proposed	8D Street Frontage: linear ft.
MH	40000					<input type="checkbox"/> Yes 12, PD1	8E Height: ft. Width: ft.
OT	500000					<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	8F Name of cluster or development below:
8G Total Construction Floor Area: sq. ft.						Additional 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 checked="" type="checkbox"/> Structural peer review required per BC §1627 If yes, 9F		
9B <input type="checkbox"/> <input checked="" type="checkbox"/> Filed to Comply with Local Law If yes, 9G	<input type="checkbox"/> <input checked="" type="checkbox"/> Landmark	9G Local Law No(s) Year
<input type="checkbox"/> <input checked="" type="checkbox"/> Other, specify: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> "Little E" Hazmat Site	
<input type="checkbox"/> <input checked="" type="checkbox"/> Restrictive Declaration / Easement If yes, 9M	<input type="checkbox"/> <input checked="" type="checkbox"/> Unmapped Street	9H Violation No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Zoning Exhibit (I, II, III, etc.) If yes, 9N	<input type="checkbox"/> <input checked="" type="checkbox"/> Filing to Address Violation(s) If yes, 9H	
<input type="checkbox"/> <input checked="" type="checkbox"/> Requesting legalization of work where no work w/o a permit violations have been issued		
9C <input type="checkbox"/> <input checked="" type="checkbox"/> Adult Establishment If yes, plot diagram (except DM)	<input type="checkbox"/> <input checked="" type="checkbox"/> Included in LMCCC	9I BSA Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Compensated Development (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Infill Zoning	
<input type="checkbox"/> <input checked="" type="checkbox"/> Low Income Housing (Inclusionary Housing)	<input type="checkbox"/> <input checked="" type="checkbox"/> Loft Board	9J CPC Calendar No(s)
<input type="checkbox"/> <input checked="" type="checkbox"/> Single Room Occupancy (SRO) Multiple Dwelling	<input type="checkbox"/> <input checked="" type="checkbox"/> Quality Housing	
<input type="checkbox"/> <input checked="" type="checkbox"/> Filing includes Lot Merger / Reapportionment If yes, 17	<input type="checkbox"/> <input checked="" type="checkbox"/> Site Safety Job/Project	
9D <input type="checkbox"/> <input checked="" type="checkbox"/> Includes permanent removal of standpipe, sprinkler or fire suppression related systems		9K High-Rise Team Tracking Number:
9E <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes partial demolition as defined in AC §28-101.5 If yes, 21B		
<input type="checkbox"/> <input checked="" type="checkbox"/> Structural Stability affected by proposed work		
9L <input type="checkbox"/> <input checked="" type="checkbox"/> Work includes lighting fixture and/or controls, installation or replacement. [SECC 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.

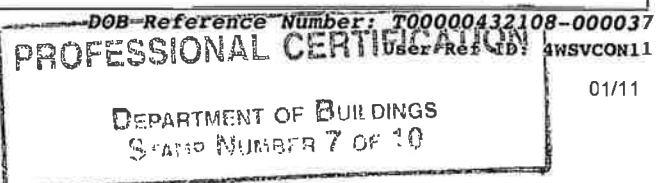
* Note: Exceptions to Section ECC 101.4.3 are NOT exemptions. For exceptions, check compliance statement and use the Energy Analysis.

11 Job Description

APPLICATION FILED FOR GENERAL CONSTRUCTION, MECHANICAL AND PLUMBING MODIFICATIONS TO ACCOMMODATE THE CONVERSION OF APARTMENT 7P AND 7S, ALSO 11C AND 11E INTO ONE APARTMENT. NO CHANGE IN USE, EGRESS OR OCCUPANCY.

11A Related DOB Job Numbers

11B Primary application job no.



12 Zoning Characteristics				
12A District(s) R7-2 Overlay(s) C1-5 Special Dist.(s) Map Number 12C		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>		
12C Proposed: Use* _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. Proposed Totals sq. ft. Existing Total sq. ft.	Zoning Floor Area _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft. _____ sq. ft.	District _____ _____ _____ _____ _____ _____ _____	FAR _____ _____ _____ _____ _____ _____ _____	Proposed Lot Details: Lot Type: <input type="checkbox"/> Corner <input type="checkbox"/> Interior <input type="checkbox"/> Through Lot Coverage _____ % Lot Area _____ sq. ft. Lot Width _____ ft. Proposed Other Details: Enclosed Parking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, no. of parking spaces:</i> _____ Perimeter Wall Height _____ ft.
<i>*Use can be one of the following: residential, commercial, manufacturing, or community facility. List only one use per line.</i>				

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 Structural Occupancy Category Seismic Design Category 13C Occupancy Classification* J-2 Construction Classification 1-A Multiple Dwelling Classification HAEA	Existing _____ _____ _____ _____ _____	Proposed _____ _____ _____ _____ _____	13D Building Type: <input type="checkbox"/> 1, 2, or 3 Family <input checked="" type="checkbox"/> Other Mixed use building?† <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 13E Building Height 144 ft. Building Stories 16 Dwelling Units 637	2008 Code Designations? _____ _____ _____ _____ _____
13F Building was originally erected pursuant to which Building Code: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968 The earliest Code with which this building or any part of it is required to comply: <input type="checkbox"/> 2008 <input type="checkbox"/> 1968 <input type="checkbox"/> Prior to 1968				

14 Fill Choose one.				
<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/> Under 300 cubic yards				

15 Construction Equipment	16 Curb Cut Description
<input type="checkbox"/> Chute <input type="checkbox"/> Sidewalk Shed <input type="checkbox"/> Fence Size: _____ linear ft. <input type="checkbox"/> Supported Scaffold <input type="checkbox"/> Other: _____	Construction Material: _____ BSA/MEA Approval No. _____ Size of cut (with splays): _____ ft. Distance to nearest corner: _____ ft. to street: _____

17 Tax Lot Characteristics	18 Fire Protection Equipment															
Original tax lots being merged or reapportioned (if applicable): _____ Tentative tax lot numbers (new tax lots only): _____	<table style="width:100%;"> <tr> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <td>Fire Alarm</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Fire Suppression</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Sprinkler</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Standpipe</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Existing	Proposed	Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sprinkler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Standpipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Existing	Proposed														
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Fire Suppression	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Sprinkler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Standpipe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No														

19 Open Spaces	20 Site Characteristics																								
<table style="width:100%;"> <tr> <th></th> <th>Existing</th> <th>Proposed</th> <th></th> <th>Existing</th> <th>Proposed</th> </tr> <tr> <td>Plaza Area</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> <td>Arcade Area</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> </tr> <tr> <td>Parking Area</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> <td>Parking Spaces</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Loading Berths</td> <td>_____ sq. ft.</td> <td>_____ sq. ft.</td> <td>Loading Berths</td> <td>_____</td> <td>_____</td> </tr> </table>		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	_____	_____	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Tidal / Fresh Water Wetlands <input type="checkbox"/> <input checked="" type="checkbox"/> Urban Renewal <input checked="" type="checkbox"/> <input type="checkbox"/> Fire District <input type="checkbox"/> <input checked="" type="checkbox"/> Flood Hazard Area
	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	_____	_____																				

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? If no, specify in 26B
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. If extensive, provide only key wording.
<input type="checkbox"/> <input type="checkbox"/> Is sign inside building line? If no, sign projects by: ft. in.			23D Distance from Arterial Highway: ft.
<input type="checkbox"/> <input type="checkbox"/> Designed for changeable copy? If no, 23C			23E Distance from Park 1/2 acre or more: ft.
<input type="checkbox"/> <input type="checkbox"/> Does an OAC have an interest in this sign or location? If yes, 23G			23F OAC Sign Number:
<input type="checkbox"/> <input type="checkbox"/> Within 900' and within view of an arterial highway? If yes, 23D			23G OAC Registration Number:
<input type="checkbox"/> <input type="checkbox"/> Within 200' and within view of a park 1/2 acre or more? If yes, 23E			

→ 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.

I HEREBY STATE THAT I HAVE EXERCISED A PROFESSIONAL STANDARD OF CARE IN CERTIFYING THAT THE FILED APPLICATION IS COMPLETE AND IN ACCORDANCE WITH APPLICABLE LAWS, INCLUDING THE RULES OF THE DEPARTMENT OF BUILDINGS AS OF THIS DATE. I AM AWARE THE COMMISSIONER WILL RELY UPON THE TRUTH AND ACCURACY OF THIS STATEMENT. I HAVE NOTIFIED THE OWNER THAT THIS APPLICATION HAS BEEN PROFESSIONALLY CERTIFIED. IF AN AUDIT OR OTHER EXAM DISCLOSES NON-COMPLIANCE, I AGREE TO NOTIFY THE OWNER OF THE REMEDIAL MEASURES THAT MUST BE TAKEN TO MEET LEGAL REQUIREMENTS. I FURTHER REALIZE THAT ANY MISREPRESENTATION OR FALSIFICATION OF FACTS MADE KNOWINGLY OR NEGLIGENTLY BY ME, MY AGENTS OR EMPLOYEES, OR BY OTHERS WITH MY KNOWLEDGE, WILL RENDER ME LIABLE FOR LEGAL AND DISCIPLINARY ACTION BY THE DEPARTMENT OF BUILDINGS AND OTHER APPROPRIATE AUTHORITIES, INCLUDING TERMINATION OF PARTICIPATION IN THE PROFESSIONAL CERTIFICATION PROCEDURES AT THE DEPARTMENT OF BUILDINGS.

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 correctness 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)

JOEL M. NARACH

Signature

Date

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

DOB Reference Number: T00000432T08-000037

User Ref: 15-14WSVCON11

PROFESSIONAL CERTIFICATION

DEPARTMENT OF BUILDINGS

01/11

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): **GERMAN ROA**

Relationship to Owner: **ASSIST. DIRECTO**

Business Name/Agency: **NEW YORK UNIVERSITY**

Street Address: **10 ASTOR PLACE, 6TH FLOOR**

City: **NEW YORK** State: **NY** Zip: **10003**

Telephone Number: **(212) 998-1407** Fax: **(212) 995-4025**

E-Mail Address: **GERMAN.ROA@NYU.EDU**

Signature and Date  9/7/11

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

Name (please print): **MARTIN DORPH**

Title: **SR.VP.FIN&BUDG.**

Street Address: **70 WASHINGTON SQUARE SOUTH**

City: **NEW YORK** State: **NY** Zip: **10012**

Telephone Number: **(212) 998-8282** Fax: **(212) 995-4100**

E-Mail Address: **MARTIN.DORPH@NYU.EDU**

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:

