
**New York City
Department of Transportation**

BOROUGH : MANHATTAN
119
INSPECT DIST: 3

PERMIT # : HQ2-2002196-

RECORDED # : NONE
PREVIOUS # : NONE

BUILDING OPERATION PERMIT
PERMIT VALID FROM 07/15/2002 TO 08/31/2002

FEES (NON-REFUNDABLE):
ADMIN \$4450.00
REISSUE

PERMIT TYPE 0215
PAVEMENT TYPE
SIDEWALK TYPE CONCRETE
ISSUE DATE 07/15/2002

TOTAL FEE \$44450.00 FEE WAIVED

PERMISSION HEREBY GRANTED TO :
NAME : BENJAMIN KURZBAN & SON CONTROL
CONTACT NAME : MITCHELL KURZBAN
PHONE : (718) 531 - 2900
ADDRESS : 1248 RALPH AVENUE BROOKLYN NY 11236
GENERAL CONTRACTOR

LICENSE # :
PERMITTEE # : 12470
CONTRACT # : BOF-REN

TO OCCUPY THE SIDEWALK IN FRONT OF :
HOUSE # : 164
ON STREET : WILLIAM STREET
FROM STREET : ANN STREET
TO STREET : BECKMAN STREET

FOR THE PURPOSE OF : TEMPORARY SIDEWALK CLOSING
BLDG EXTERIOR CLEANUP--DECONTAMINATION TRUCK

*** SEE PAGE 2 FOR STIPULATIONS ***

PERMIT ORIGINALLY PRINTED ON 07/15/2002 AT 15:46 BY CANDANCE CAVARRETTA PERMIT OFF

PAGE 1 OF 2

PERMITTEES SHALL COMPLY WITH ALL APPLICABLE LAWS,
RULES AND SPECIFICATIONS OF THE NEW YORK CITY
DEPARTMENT OF TRANSPORTATION AND WITH THE TERMS
AND CONDITIONS OF THE PERMIT. FAILURE TO COMPLY
MAY RESULT IN REVOCATION OF THE PERMIT BY THE COM-
MISSIONER.

I. Weintraub
COMMISSIONER
PER _____



New York City Department of Transportation

BOROUGH : MANHATTAN
119
INSPECT DIST: 3

PERMIT # : M02-2002196-

RECORDED # : NONE
PREVIOUS # : NONE

BUILDING OPERATION PERMIT
PERMIT VALID FROM 07/15/2002 TO 08/31/2002

ALL WORK MUST ADHERE TO THE FOLLOWING STIPULATIONS : 011 016 023 037 038 066 078 091 103 107
SPECIFIC STIPULATIONS : WORK 7AM-10PM SAT/SUN. NO NOISE PRIOR TO 10AM.
NOTIFY ALL ADJUTTING PROPERTY/STORE OWNERS PRIOR
TO WORK.

011	OCMC-STREE	POST SIGNS MEETING NYCDOT SPECIFICATIONS FOR DIRECTING PEDESTRIANS TO OPPOSITE SIDEWALK
016	OCMC-STREE	FULL WIDTH OF SIDEWALK SHALL BE OPENED TO PEDESTRIANS WHEN SITE IS UNATTENDED.
023	OCMC-STREE	MAINTAIN ONE 11 FOOT LANE FOR TRAFFIC
037	OCMC-STREE	SECTION 24-224 ADMINISTRATIVE CODE VARIANCE GRANTED FOR HOURS AND DAYS STIPULATED HEREIN
038	OCMC-STREE	WARNING SIGNS AND TRAFFIC SAFETY DEVICES SHALL BE PROVIDED, INSTALLED, MAINTAINED AND REMOVED BY THE PERMITTEE IN ACCORDANCE WITH THE "NEW YORK STATE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES".
066	OCMC-STREE	DO NOT PLACE MATERIALS, TRAILERS, CRANES, CONTAINERS, OR EQUIPMENT IN FRONT OF FIRE HYDRANTS, DRIVEWAYS, OR BUS STOPS.
078	OCMC-STREE	FULL WIDTH OF ROADWAY SHALL BE OPENED TO TRAFFIC WHEN SITE IS UNATTENDED.
091	HIGHWAYS S	THIS PERMIT ACTIVITY MAY NOT START UNTIL THE PERMITTEE COORDINATES ALL WORK AND RESTORATION REQUIREMENTS WITH THE RESIDENT ENGINEER.
103	OCMC-STREE	PARKING OF PRIVATE VEHICLES ON THE STREET (ROADWAY AND SIDEWALK) WORK AREAS IS PROHIBITED.
107	OCMC-STREE	LOADING AND UNLOADING, STANDING OR PARKING IN A LANE ADJACENT TO THE WORK ZONE IN THE ROADWAY IS PROHIBITED. THIS APPLIES TO PERMITTEES AND ALL OF THEIR SUBCONTRACTORS.

PERMIT ORIGINALLY PRINTED ON 07/15/2002 AT 15:46 BY CANDANCE CAVARRETTA PERMIT OFF

PAGE 2 OF 2

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I. Weinstalk

COMMISSIONER

PER *CP*



New York City Department of Transportation

BOROUGH : MANHATTAN
117
INSPECT DIST: 3

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RECORDED #: NONE
PREVIOUS #: NONE

BUILDING OPERATION PERMIT
PERMIT VALID FROM 07/15/2002 TO 08/31/2002

FEES (NON-REFUNDABLE):
ADMIN \$++50.00
REISSUE

PERMIT TYPE 0204
PAVEMENT TYPE ASPHALT
SIDEWALK TYPE
ISSUE DATE 07/15/2002

TOTAL FEE \$++++50.00 FEE WAIVED

PERMISSION HEREBY GRANTED TO :
NAME : BENJAMIN KURZBAN & SON CONTROL
CONTACT NAME : MITCHELL KURZBAN
PHONE : (718) 531 - 2900
ADDRESS : 1248 RALPH AVENUE BROOKLYN NY 11236
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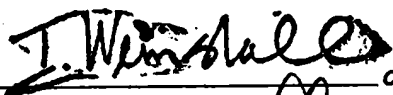
FOR THE PURPOSE OF : PLACE EQUIPMENT OTHER THAN CRANE OR SHOV
BLDG EXTERIOR CLEANUP—DECONTAMINATION TRUCK

*** SEE PAGE 2 FOR STIPULATIONS ***

PERMIT ORIGINALLY PRINTED ON 07/15/2002 AT 15:43 BY CANDANCE CHAVARRETTA PERMIT OFF

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COMMISSIONER
PER _____



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J. Williams

COMMISSIONER

PER _____

WTC Visual Survey Form

1001282

Premise Address: 164 WILLIAM ST. - No Access

Block: 93 **Residential** ☐ **Commercial** ☐ **Name of Building:**

Lot: 24 **Mix Use** ☐ **Other** ☐

of Stories: **AKA's:**

Building Owner/Management: **Telephone Number:** ()

Name: **FAX:** ()

Address:

On Site Contact: **Telephone Number:** ()

Name:

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No

Exterior Survey Performed ☐ Yes ☐ No

General Clean Up ☐ Yes ☐ No **Locations:** _____

ACM Clean Up ☐ Yes ☐ No **Locations:** _____

Air Monitoring ☐ Yes ☐ No **Locations:** _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

North	☐ N/A	Inspected	☐ Yes ☐ No	Debris	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"	☐ > 1"
West	☐ N/A	☒ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer	☒ ½ to 1"	☐ > 1"	☐ > 1"

Facade Description: _____

Roof

Debris: ☐ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"

Description: _____

Setbacks N/A ☐

Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 3/5/2002

Inspection by: Name: CARL

Agency: _____

Agency: _____