THE CITY OF NEW YORK
DEPARTMENT OF BUILDINGS

Plan/Work Approval Application

All Application Must Be Typewritten

APPROVED
FIRE DEPARTMENT
DATE 7/13/92
AS PER F.D. PLAN # 1798/92

Internal Use
Job Number
100451761
DEPT. OF BLDGS.

1 Filing Status — Select one and complete sections indicated

- [X] Initial Filing 2,3,4,5,6
- [ ] Job involves a development project.
- [ ] Job involves tract housing/cluster.
- Number of buildings: ONE
- Project Name:
- Project I.D. RESERVED FOR DOB:
- [ ] Subsequent Filing 2,3,4,5,7A,8,9,16 — Job Number: — Work Type Suffix: /
- [ ] Additions — I am the original applicant applying for additional approvals.
- [ ] Additions — I am a subsequent applicant taking responsibility for the items specified herein.
- [ ] Changes — Amendment
- [ ] Changes — Reinstatement
- [ ] Changes — Withdrawal

2 Location

Borough: MANHATTAN | Block: 58 | Lot(s): A | BIN: | C.B. No.:
House No(s).: 5 | Street Name: WORLD TRADE CENTER | Apt/Condo No(s).:
Special Place Name: | Floor(s): 9TH FLOOR

3 Applicant — [ ] The following information represents a change to the original filing

Last Name: KATZ | First Name: NORMAN | M.I.: J
Business Name: N.J. KATZ & ASSOCIATES | Business Phone: (212) 677 1940
Address: 500-C GRAND ST., SUITE 12E | City: NEW YORK | State: NY | ZIP: 10002
[ ] P.E. [X] R.A. [ ] Other: | Lic. No.: 13529

4 Filing Representative — Complete if different from applicant.

Last Name: OPRYSKO | First Name: ANDREW | M.I.:
Business Name: N.J. KATZ & ASSOCIATES, INC. | Business Phone: (212) 677 1940
Address: 500-C GRAND ST., SUITE 12E | City: NEW YORK | State: NY | ZIP: 10002

5 Additional Considerations

- [X] Directive 14 Acceptance Requested
- [X] Old Code Review Requested
- [ ] Infill Zoning
- [ ] Quality Housing
- [ ] Site Safety Job
- [ ] Legalization of work done after 1/1/89
- Application is being made to comply with:
- [ ] Local Law 5 of 1973
- [ ] Local Law 16 of 1984

6 Initial Filing — Complete sections and schedules indicated to the right of only one selected job type.

- [X] New Building — 8,9,10,15, 16,Schedule A
- [ ] Alteration — 7
- [ ] Demolition — 8,9,10D
- [ ] Sign — 7A,8,9,10A,12
- [ ] Place of Assembly — 11 — Related Job Number:
- Subdivision: 9
- [ ] Improved Property
- [ ] Unimproved Property
- [ ] Condominiums
- Special Status, Limitations or Restrictions
- Restrictive Declaration:
- [ ] Landmark
- [ ] Single Room Occupancy
- Reel
- BSA Calendar Number
- Page No.
- CPC Calendar Number
- Other:

7 Alterations — Indicate type of alteration and complete appropriate sections and schedules.

Alteration - Type I (Change to C of O) Complete 7A,8,9,10,15, Schedule A — Select One: [ ] New C of O [ ] Amended C of O

- Change to: [ ] Occupancy/Use [ ] Room Count/Dwelling Units [ ] Egress [ ] Partial Demolition
- Enlargement: [ ] Horizontal [ ] Vertical

Alteration - Type II Complete 7A and indicated sections and schedules. — Select One: [X] Equipment Installation [ ] Equipment Repair / Modification

- [X] PL Plumbing - 9,10D,PW-1B
- [ ] MH Mech / HVAC - 9,10A
- [ ] BL Boiler - 9, PW-1C
- [ ] FB Fuel Burning - 9, PW-1C
- [ ] FS Fuel Storage - 9, PW-1C
- [ ] SD Standpipe - 9,10A,10B,10C,14
- [ ] SP Sprinkler - 9,10A,10B,10C,14,PW-1B
- [ ] FA Fire Alarm - 9,14
- [X] FP Fire Suppression - 9,14
- [ ] EQ Construction Equip. - 13
- [ ] OT Other - 9, Describe below

Alteration - Type III Complete sections 7A,8 (EQ, CC, or OT work types only), 9,10A,10B,10C,10D

Part A Job Description (Required for all alterations)

Estimated Cost Total $ 2,000.00 — Work Type Costs (Alteration Type II only): PL $ 1,000.00 | FP $1,000.00 | $

INSTALLATION OF FIRE SUPPRESSION SYSTEM(ANSUL) ALL ELECTRIC APPLIANCES
NO CHANGE IN USE, EGRESS OR OCCUPANCY

Alteration Jobs only: Proposed Additional Floor Area sq. ft. | [X] Structural Stability will not be affected by this alteration.

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13 Construction Equipment

	Sidewalk Shed		Scaffold		Chute		Fence		Other:

Material of Construction | BSA/MEA Approval Number | Sidewalk Shed/Linear Feet

14 Fire Protection Equipment

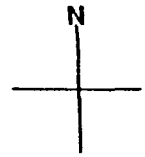
SP Sprinkler		Automatic		Non-Automatic		Entire		Partial
FA Fire Alarm System		Automatic		Non-Automatic		Entire		Partial
SD Standpipe						Entire		Partial
FIRE SUPPRESSION	X	Automatic		Non-Automatic		Entire	X	Partial

15 Plot Diagram of Zoning Lot

Plot Diagram must show the correct street lines from the City Plan; the plot to be built upon in relation to the street lines and the portion of the lot to be occupied by the building; the legal grades and the existing grades, properly identified, of streets at nearest point from the proposed buildings in each direction; the House Numbers and the Block and Lot Numbers. Indicate dimensions of total tax lots.

Street Status

	Private		Public	Legal Width



Description of Land and Premises

The Zoning Lot on which the premises is located is bounded as follows:

BEGINNING at a point on the	side of	distant	feet
of the corner formed by the intersection of		and	
running thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
thence	feet; thence		feet;
to the point of beginning.			

16 Comments

For New Buildings – Ultimate Number of Stories proposed:

8 Work Types Submitted
Check only those items submitted by applicant at this time, if any.

	PL	Plumbing — PW-1B		SP	Sprinkler — 14, PW-1B		ZO	Zoning
	MH	Mech/HVAC —		FA	Fire Alarm — 14		AR	Architectural
	BL	Boiler — PW-1C		EQ	Construction Equip. — 13		ST	Structural
	FB	Fuel Burning — PW-1C		FP	Fire Suppression — 14		NP	No Plans
	FS	Fuel Storage — PW-1C		CC	Curb Cut — 7A, Indicate total linear feet: ft.			
	SD	Standpipe — 14		OT	Other — Description:			

9 Plans Submitted

	ZO	Zoning	X	ME	Mechanical
	AR	Architectural		PL	Plumbing
	ST	Structural		FO	Foundation
	NP	No Plans			

10 Building Characteristics

Part A

Zoning District(s) | Special District Name | Map Number

Part B Occupancy Classification

Ex	Pr	Class	Name	Ex	Pr	Class	Name	Ex	Pr	Class	Name
		A	High Hazard			F-1b	Assembly (Churches, Concert Halls)			J-2	Residential (Apartment Houses)
		B-1	Storage (Moderate Hazard)			F-2	Assembly (Outdoors)			J-2	Three Family Dwelling
		B-2	Storage (Low Hazard)			F-3	Assembly (Museums)			J-3	Residential (1 and 2 Family Houses)
		C	Mercantile			F-4	Assembly (Restaurants)			K	Miscellaneous
		D-1	Industrial (Moderate Hazard)			G	Education				Old Code - Public Buildings
		D-2	Industrial (Low Hazard)			H-1	Institutional (Restrained)				Old Code - Residence Buildings
		E	Business			H-2	Institutional (Incapacitated)	X	X		Old Code - Commercial Buildings
		F-1a	Assembly (Theaters)			J-1	Residential (Hotels)				

Multiple Dwelling Classification (required for all J-1 and J-2 classifications)

Part C Construction Classification

Ex	Pr	Non-Combustible	Ex	Pr	Combustible	Ex	Pr	Old Code
		I-A 4 Hour Protected			II-A Heavy Timber			1 Fireproof Structures
		I-B 3 Hour Protected			II-B Protected Wood Joist	X	X	2 Fire-protected Structures
		I-C 2 Hour Protected			II-C Unprotected Wood Joist			3 Non-fireproofed Structures
		I-D 1 Hour Protected			II-D Protected Wood Frame			4 Wood Frame Structures
		I-E Unprotected			II-E Unprotected Wood Frame			5 Metal Structures
								6 Heavy Timber Structures

Part D

Number of Stories 110	Ex	Pr	Fire Protection Equipment	Voluntary	Required
Street Frontage Dimension (Demolitions only)			Standpipe		
Height 1,102'0"±			Sprinkler		
Number of Dwelling Units NONE			Fire Alarm System		

Part E

Site Area Characteristics				Open Spaces			
	Tidal/Fresh Water Wetlands		Flood Plains		Loading Berths sq. ft.		Plaza sq. ft.
	Urban Renewal		Fire District		Parking sq. ft.		Arcade sq. ft.
Total Gross Floor Area of Building sq. ft.				Number of: Parking Spaces		Loading Berths	

11 Place of Assembly

Proposed Number of Persons | Old PA Number

Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.

Last Name | First Name | M.I. | Title

Business Name | Business Phone ( )

Address | City | State | ZIP

12 Signs

Select One: | Illuminated | Non-Illuminated

Type of Sign: | Ground | Wall | Roof | Roof Sign is tight, closed or solid

Height above roof level ft. in. | Weight lbs.

Projection Beyond the Building Line ft. in. | Total Square Footage of Sign sq. ft.

Lessee or Individual Responsible for Annual Permit Renewal Complete if different from building owner.

Last Name | First Name | M.I. | Title

Business Name | Business Phone ( )

Address | City | State | ZIP

Statements and Signatures

Applicant's Statements
All applicants must complete and sign below

X I prepared or supervised the preparation of the plans and specifications herewith submitted and to the best of my knowledge and belief, the plans and work shown thereon comply with the provisions of the Building Code and other applicable laws and regulations,

except as set forth in the accompanying documents.

Tract Housing Statement
Complete if applicable and sign below

Reference Job Number

I hereby state that all specifications relating to this job are identical to those previously filed under the above referenced job number, except as specified herein.

Applicant

X I acknowledge that I have read and complied with all instructions pertaining to this application and supplemenatry schedules submitted.

Name NORMAN J. KATZ, PRES. Date 6/16/92

Signature

Seal (P.E. or R.A.)

REGISTERED ARCHITECT
NORMAN J. KATZ
13529
STATE OF NEW YORK

Falsification of any statement is a misdemeanor under Section 26-124 of the 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.

Owner's Statements

X I have authorized the applicant to file this application for the work specified herein and all future amendments.

Owner's Certification Regarding Occupied Housing Accommodations

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 control under Chapter 3 of Title 26 of the Administrative Code.

Yes | X | No

The owner has notified 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].

Yes | X | No Date DHCR notified:

Fee Exemption Request Statement

In accordance with 26-210 of the New York City Building Code I hereby state that the proposed work involves a building or property used exclusively for the purposes indicated in such section.

Owner

Type of Ownership

	Individual		Corporation	X	Partnership		Non-Profit
							Government

Last Name: SILVERSTEIN First Name: JAY M.I.:

Title: PRES.

Business Name/Agency: FIRST BOSTON CORP.

Address: 5 WORLD TRADE CENTER

City: NEW YORK

State: NY ZIP: 10048 Phone: (212) 322 7092

Name of Signator: JAY SILVERSTEIN

Relationship to Building Owner: PARTNER

Signature: Jay B. Silverstein Date: 6-29-92

If corporation, name of second officer

Last Name First Name M.I.

Title

Address

City

State ZIP Phone ( )

Internal Use

Application Complete for Filing and Fee Estimation

Amount Due

Cost Estimate (If different from applicant)

Pre-Filer Name Date

Initial Amount Paid

Verified By Date

Balance Paid

Verified By Date

Stamps and Certifications:

Approvals

Examined and Recommended for Approval

Approved for | | Foundation | | Earthwork Only

Examiner Name

Examiner Signature Date

Limitation(s): (To appear on permit)

Other Approvals

Examiner Name

Examiner Signature Date

Approved

Borough Superintendent Signature Date

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