# Hong Sima, Ph.D., P.E.

275 Barnhill Road, Perkasie, PA 18944, USA 215-589-3720 hong.sima@yahoo.com

February 18, 2020

Denise Harrington Grattan
New York State Department of Environmental Conservation (NYSDEC)
1 Hunters Point Plaza
47-40 21st Street - 4th floor
Long Island City, NY 11101

### Re: Response to NOIA Application ID: 2-6105-00889/00001 (Resubmission)

Dear Ms. Grattan,

Per our recent phone conversations and in accordance with the latest communications between Mr. Lawrence R. Schillinger, Esq., on behalf of Sharp's Compliance, Inc. (Sharps), and the New York State Department of Environmental Conservation (NYSDEC, or the Department), the following Response to the Department's Notices of Incomplete Application (NOIAs) dated August 21, 2019 and September 11, 2019 is provided. Unless otherwise specified, the Sharps' Response to June 25, 2019 NOIA submitted on August 12, 2019 addressed all the Department's other concerns and no further related documentation or response is required at this time.

For ease of reference, each comment from the August 21, 2019 and September 11, 2019 NOIA e-Mails are presented below in *italics*, followed by Sharps' response.

### NOIA e-Mail - August 21, 2019

1. #3 of the NOIA (italicized below): The requested documentation from the NYC building department and NYC fire department was not submitted. Please include.

<u>NOIA dated June 25, 2019, No. 3</u>: Include documentation from the building department that the handling of hazardous waste meets the NYC building code and, also include documentation from the fire department showing that that the handling of hazardous waste meets the NYC fire code.

Sharps' Response: Sharps retained the firm of Walter T. Gorman P.E. P.C in New York City to prepare and submit the necessary applications to both the NYC Department of Buildings and the FDNY. An amended Certificate of Occupancy is a pre-requisite for submitting an application for the applicable FDNY permit(s). In addition, please note that a more detailed and specific response to this particular item is being addressed in a letter submitted contemporaneously under separate cover from Mr. Schillinger, Esq. A copy of the Sharps' lawyer letter and the above-mentioned application for an amendment to the Certificate of Occupancy is attached for your reference (see Attachment A – Building and Fire Department Documentation).

2. The drawings submitted include EarthRes in the title box. EarthRes is not a firm licensed to practice in NYS. Therefore, please remove all references to EarthRes from all drawings and components of the application. Please resubmit those affected components.

**Sharps' Response:** Changes made accordingly (see Attachment B – Revised Site Figures and Drawings). Additional modifications were made to the drawings in accordance with the currently pending NYC Building Code and NYC Fire Code documentation. Corresponding changes will be made to the Engineering Report, where applicable, for consistency.

### NOIA e-Mail - September 11, 2019

1. The transporter's EPA Identification number NYR000139295 provided was assigned to CITIWASTE LLC for 100-02 Farragut Rd, Brooklyn, NY 11236. Therefore, Sharps does not meet the requirements of 372.3(a)(1) and 372.3(a)(3). Please provide the transporter EPA identification number for the facility at 893 Shepherd Avenue. The NYSDEC Transporter Permit 2A-538 was issued to CITIWASTE LLC for the facility at 893 Shepherd Avenue, Brooklyn, NY.

**Sharps' Response:** The transporter's EPA identification number for the facility at 893 Shepherd Avenue is provided in Attachment C – EPA Transporter Identification Number NYR000139295 Documentation.

2. Please provide pictures, taken from different angles, of the secondary containment system of the storage area (Box Truck, C-03, C-04) at the facility.

**Sharps' Response:** Pictures taken from different angles of the secondary containment system are provided in Attachment D – Secondary Containment Photographs.

Instructions for submission of this Response and associated materials were not provided by the Department in the August 21, 2019 and/or September 11, 2019 NOIA e-Mails, therefore, previous submission instructions from the June 25, 2019 NOIA have been followed:

Three (3) hardcopies of this response to and associated material are being sent directly to the Regional Permit Administrator along with an electronic copy. The electronic version of this NOIA response and associated materials is a searchable OCR-PDF format, provided on a CD. Please note two (2) CDs will also be submitted to Mr. Thomas Killeen, Chief RCRA Permitting Section, Materials Management, NYS Dept. of Environmental Conservation, 625 Broadway, New York 12233-7251, as requested via email on August 1 and 2, 2019. Documents which have been prepared by a professional engineer display the engineer's seal and signature (where appropriate).

If you may have any questions or need additional information/discussion regarding this Response, please feel free to contact me and/or Mr. Curtis Knisley at 713-443-3539.

Thank you for your time and attention.

Sincerely,

Hong Sima, Ph.D., P.E

cc: Curtis Knisley, Sharps (electronic)

Lawrence R. Schillinger, Esq. (electronic)

#### Attachments:

A – Building and Fire Department Documentation

B – Revised Site Figures and Drawings

C – EPA Transporter Identification Number NYR000139295 Documentation

D – Secondary Containment Photographs

Sharps Compliance, Inc. Response to NOIA Application ID: 2-6105-00889/00001 February 18, 2020

## **ATTACHMENT A**

# **BUILDING AND FIRE DEPARTMENT DOCUMENTATION**

## LAWRENCE R. SCHILLINGER

#### ATTORNEY AND COUNSELOR AT LAW

### PO BOX 11182 ALBANY NY 12211

TEL: 518 459-0600 FAX: 518 677-1053 lschillinger@msn.com

January 28, 2020

Denise Grattan Environmental Analyst NYS DEC Region 2 47-40 21<sup>st</sup> Street Long Island City NY 11101

Re: Sharps Compliance, Inc.

Application ID: 2-6105-00889/00001

Dear Ms. Grattan,

The Department issued a Notice of Incomplete Application (NOIA) dated June 25, 2019 in regard to a pending application filed by Sharps Compliance, Inc. for a permit to operate a solid waste management facility authorizing short-term storage and truck-to-truck transfer of regulated medical waste.

The NOIA required, inter alia, that the Applicant provide "documentation from the building department that the handling of hazardous waste meets the NYC building code and documentation from the fire department showing that that the handling of hazardous waste meets the NYC fire code."

We respectfully propose that documentation of the local approvals noted above be excluded as a pre-condition to a determination that the application is "Administratively Complete".

Rather, upon review and acceptance of any other matters specified in the NOIA, we request that the Department proceed to a determination of administrative completeness and issuance of a Draft Permit which provides that operation of the facility may not commence pending: (1) an amended Certificate of Occupancy authorizing the proposed use of the subject property and (2) an FDNY permit authorizing storage of hazardous waste.

Denise Grattan January 28, 2020 Page 2

#### BACKGROUND

As a pre-requisite for a determination of administrative completeness the NOIA required "documentation from the building department that the handling of hazardous waste meets the NYC building code and documentation from the fire department showing that that the handling of hazardous waste meets the NYC fire code."

In order to address the Department's demand, the requested documentation will be satisfied by the issuance by the NYC DOB of an amended Certificate of Occupancy for the subject property located at 893 Shepherd Avenue Brooklyn NY 11208, and by issuance of a permit from the NYFD for the storage of hazardous waste. [Note: amendment of the Certificate of Occupancy is a pre-requisite for FDNY processing of an application for a permit to store hazardous waste.]

Sharps Compliance filed with the NYC Department of Buildings an application to amend the Certificate of Occupancy on January 9, 2020. [Att. A]. A recent decision promulgated by the NYC Board of Standards and Appeals resolved that a comparable RMW facility located at 10002 Farragut Avenue constitutes a Use Group 16 activity and as such is permitted in a Commercial Zone [Att. B] As the proposed Sharps facility is sited within a Manufacturing Zone which encompasses Use Group 16, we are assured that our request for an amended Certificate of Occupancy will be granted.

#### JUSTIFICATION

There are several compelling considerations which justify issuance of a completeness determination at this juncture and prior to ministerial local approvals.

### Compliance with Local Regulation via Incorporation of Permit Condition

We note that the Department can deem the application complete and prepare a draft permit which contains a permit condition as follows:

Prior to operation, the applicant / permittee shall provide to the Department documentation from the NYC Department of Buildings that the handling of hazardous waste meets the NYC building code and documentation from the FDNY showing that the handling of hazardous waste meets the NYC fire code.

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By establishing as a permit condition certification that the proposed permitted facility satisfies applicable local land use codes and fire regulations prior to operation, the Department fulfills its implied objective of comporting the permitting process with and respecting the governance of the host municipal government.

By doing so the Department also properly distances its review from the parochial concerns of zoning and land use in cognizance with established precedent. As well-established in the Commissioner's Interim Decision in Matter of New York City Department of Sanitation (Spring Creek Yard Waste Composting Facility, June 14, 2006), the Department lacks the authority under the ECL to adjudicate compliance with local government zoning, and any attempt to do so would be an arrogation of the Department's jurisdiction (see Matter of Town of Poughkeepsie v. Flacke, 84 AD2d 1, 5-6 [2d Dept 1981], lv denied 57 NY2d 602 [1982]; see also Matter of Hingston v. New York State. Dept. of Envtl. Conservation, 202 AD2d 877, 878-879 [3d Dept], leave denied 84 NY2d 809 [1994]). Instead, issues concerning consistency with local zoning must be decided by the local agency with appropriate jurisdiction, subject to judicial review if necessary (see Matter of 4-C's Develop. Corp., Interim Decision of the Commissioner, May 1, 1996.) See, also: Matter of CMW Industries, ALJ Ruling on Issues, Party Status and Environmental Significance and Order of Disposition, dated March 24, 2009.

#### 2. Public Participation

It is accepted and understood that upon a determination of completeness the applicant will engage in an enhanced public participation process in accordance with the Department's Environmental Justice policy. Incorporation of a permit condition linking operation of the facility to a certification of compliance with local zoning and fire regulations properly provides assurance to public participants that a local forum is identified that should either or both of these considerations be a concern.

### Capital Improvement

Compliance with local zoning and/or fire codes may require the applicant to incur significant costs for capital improvements, e.g. upgrade to the installed fire suppression system, installation of a fire alarm call box. It is manifestly unfair to require a permit applicant to incur capital improvement costs <u>speculatively</u> prior to permit issuance. The Department would not require any other applicant to construct a proposed facility before a permit is granted. We respectfully aver that it would be unjust, arbitrary and capricious for Department to require the applicant in this matter to do so.

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### 4. <u>Timeliness</u>

Amendment of a Certificate of Occupancy entails a cumbersome review. It is administratively efficient for the review and approval process at the Department of Buildings to run in parallel to and in coordination with the DEC permitting process. There is no justification for withholding a determination of administrative completeness and the commencement of public notice / public engagement during the pendency of ministerial municipal regulatory processes.

Thank you for your consideration. We are of course available to discuss this matter with you and staff at greater length, either in person or via telephone conference.

The state of the s

Lawrence R. Schillinger

Enc.

cc. Curtis Knisley, Sharps Compliance Hong Sima, PhD, P.E.



# EF1: eFiling Job Application Cover Sheet

Generated by the eFiling application.



### You are almost done!

All documents generated by this eFiling must be signed and sealed appropriately and submitted with all other filing requirements to the borough office.

1	Key Application Information This key information was generated based on in	formation provided by the user during the eFiling process					
	Filing At: BROOKLYN - 893 SHEPHERD AVENUE	normation provided by the user during the er ming process.					
	Validated On: 01/09/2020 1:30 PM Forms Generated: PW1, Schedule A						
	Filing Type: ALTERATION 1 (A1) - INITIAL	redute A					
2	2 Filing Fee Estimation The following fee estimation is based on information provided by the applicant.						
	COST PER - (( 10 - 2) + 10 2 ) + 200 - 252 1 Building Type: OTHER						
	COST FEE = (( 10 - 3)* 10.3 ) + 280 = 352.1	Building Type: OTHER					
		Fee Status: STANDARD					
		Directive 14: NO					
		Computed Total Filing Fee: \$352.10					
		Minimum Required Payment: \$280.00					
	,	Computed Civil Penalty: \$0 - 00					
		Records Management Fee; \$165.00					
(4)		STANDARD PLAN EXAM					
		Number of Stories: 1 Total Building Square					
	€	Footage: 32450 sq. ft.					
		8					
		Work Type(s) -					
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3	Other Important Information						
	The applicant is responsible for reviewing all documentation generated by eFiling	for completeness and accuracy. The submitted documents are					
3	the official filing record upon being accepted for filing at the Department.						
	<ul> <li>It is the applicant's responsibility to ensure that the forms generated by eFiling an and that all filing submissions are in compliance with applicable codes, laws, rule</li> </ul>	e accompanied by all other required plans and documentation s and regulations					
	Though eFilling checks all applications for errors, other issues may prevent the Delay.						
4	Where to File This application must be filed in-person in the borough where the	proposed work is to occur, or electronically.					
	Office Location: 210 JORALEMON STREET						
	BROOKLYN, NY 11201						
	Phone: (718) 802-3675						
	Hours: 8:30 AM - 4:30 PM						



DOB Reference Number: T00002244985-000070
User Ref ID: SHEPHERD

12/14



# PW1: Plan / Work Application

Must be typewritten



1 Location Information	n Required for all application	oņs,			
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2 Applicant Informati	on Required for all applicat	ions. Fax, mob	pile telephone and e-r	mail address are	optional information.
Last Name GOI	RMAN	First Name	WALTER		Middle Initial T
Business Name WA1	LTER T. GORMAN, P.E	., P.C.	47	Busines	s Telephone (212) 532-5970
Business Address 420	WEST 45 STREET, 6	TH FLOOR			Business Fax (212) 725-3690
City NE	V YORK State	NTY Zip	10036		e Telephone
	LTER.T.GORMAN@WTGPE				ense Number 043490
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3 Filing Representativ	<b>ve</b> Complete only if differer	t from applican	t specified in section	2. Fax, mobile p	phone, and e-mail are optional info.
Last Name GOI	RMAN/SEM/GAR/KH	First Name	WALTER/SH/J/L	κ.	Middle Initial T
Business Name WAI	LTER T. GORMAN, P.1	., P.C.		Busines	ss Telephone (212)532-5970
Business Address 420	WEST 45 STREET, 6	TH FLOOR		E	Business Fax
City NET	YORK State	nty Zip	10036	Mobi	le Telephone
E-Mail WAI	LTER.T.GORMAN@WTGP	PC.COM		Registra	ation Number N10467
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Standard Plan Exami	nation or Review		tent Filing 6-7, 8A (A	It-2 only), 11	Specified in 4A and 6
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☐ Professional Certifica	tion of Objections A/1		fect filing fees?  ☐ \ rseding) Applicant		4A Indicate existing document number affected by filing:
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6A-E, 8B-C, 8F, 9-10, 12 PW1A. PD1	2, 13C-F, 14, 18-20, 22 & <sup>L</sup>	22			<sup>7</sup>
	"No Work" <i>8C, 8F,</i> 9-10 &	_	g <i>6A-E, 8F, 9A, 9C-I</i>	K, 9M, 10, 12 &	5A Directive 14 acceptance requested?
12, 13C-F, 14, 18-19, 22			8-20, PW1A, PD1 3-D, 9A, 9D, 22-23		Yes ⊠No
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□FA - Fire Alarm	FP - Fire Supp		☐ SD - Standpipe P		☐ OT/LAN - Landscape
☐ FB - Fuel Burning PV 6B ☐ EQ - Construction	V1C ☐ MH - Mechanic 6C M OT/GC - Gener		□ SP - Sprinkler PV □ OT - Other, description		F
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DOB Reference Number: T00002244985-000070 8/19

PV	<b>V</b> 1							V			PAGE
19	Open Space	s									
£		Existing	Proposed		*			Existing		Proposed	
	Plaza Area	o sq. ft.	0	sq. ft.		Arcade Ar	ea	0	sq. ft.	0	sq.
	Parking Area	o sq. ft.	2680	sq. ft.		Parking S	paces	0		10	
	Loading Berths	600 sq. ft.	600	sq. ft.		Loading B	erths	1		1	
20	Site Charact	eristics					20A	Flood H	azard Area	Information	
		Vetlands Il Erosion Hazard Area strict		Freshwater Urban Ren		es, 20A		□ □ s	ubstantial imp ubstantially d loodshields p		work?
21	Demolition D	etails *Mechanical eq	ulpment oth	er than handhe	eld devices to	be used fo	r demo	lition or rem	oval of debris	(BC §3306.4).	
22	Mechan Mechan Demolii The sco  Asbestos Ab  The scope of wo	filling is for a secondary nical means* from out or nical means* from within tion work affects the extense of work involves raise atement Compliance or work is not an asbesto	f building? In building? In building? In building In building? In building. In b	If yes, mecha If yes, des g envelope of a building one.	anical means scribe equipment I in the regulat	will demole ent propos	ish:	Department	of Environme	part of structure	
X	DEP ACP-5 Cor The scope of wo or is an alterati	ntrol No. ork is exempt from the a on to a building constru	sbestos requ	uirement as def	fined in the reg	julations p	romulg	ated by the	NYC DEP (1	5 RCNY 1-23(b	)) )6.1.
23	Sign	,									
Ö	Location: Gro	Type: ☐ Illuminated 23A ☐ Non-Illuminated ound ☐ Roof 23B ☐ W	Total S Height	mated Cost: \$ Square Feet: above Curb: above Roof:	ft. in. ft. in.		′es No	If sign proje billed for ar	ects beyond t inual permit?	lashing Ind ouilding line, is If no, specify	owner
	☐ ☐ Design	inside building line? ned for changeable cop an OAC have an interes	/? <i>If no, 230</i> t in this sign	or location? #		23B E			tight, closed ensive, provid	or solid? de only key wol	ding.
1	☐ ☐ Within	900' and within view of	an arterial h	ighway? If ves	s. 23D	23D F	listance	from Arteri	al Highway		-

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

☐ 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 23E Distance from Park 1/2 acre or more:

23F OAC Sign Number: 23G OAC Registration Number: ft.

	-	_			PAGE 5		
25			cant's Statements and Signatures Required for all a		and the same of th		
	bam subr appl this	ed fro nitted icable applic	ion of any statement is a misdemeanor and is punishable by a fine or imprist nonetary or otherwise, either as a gratuity for properly performing the job or is and that if I am found after hearing to have knowingly or negligently made a is, form, signed statement, application, report or certification of the correction or filling further applications or documents with the Department. I prepared of and to the best of my knowledge and belief, the construction documents an elaws and rules, \(\left(\subseteq \cdot \text{check here if}\) except as set forth in the accompanyin cation and supplementary schedules submitted. Cluster Development State viously filed under the group lead job number, except as specified herein.	onment, or both. It in exchange for spe false statement or to of a violation requi- or supervised the p pid work shown ther- ing documents. I ac- ment (if applicable	is unlawful to give to a city employee, or for a city employee to accept, any ecial consideration. Violation is family labeled by imprisonment or fine or both to have knowingly or registerilly falsified or allowed to be falsified any red under the provisions of this case of or a cule of any agency. I may be reparation of the ronsput for ouccuments and predictations herewith eon comply with the provisions of the NYC Administrative Code and other knowledge that I have read among a light with all naturations pertaining to be I hereby state that all specifications relating to the red and specifications relating to the specifications of the control		
	For initial New Building and Alteration 1 applications filed under the 2008 or 2014 NYC Building Code only: does this building qualify for high-rise designation? Yes No						
	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. Yes No						
26	Pr	ope	rty Owner's Statements and Signatures				
	unde certit barre perm	erstan ficate ad fro hitted	on of any statement is a misdemeanor and is punishable by a fine or impriso ionetary or otherwise, either as a gratuity for properly performing the job or in dit that if I am found after hearing to have knowingly or negligently made a fa , form, signed statement, application, report or certification of the correction m filing further applications or documents with the Department. Furthermore work is complete, and that a satisfactory report of final inspection be submit tter of complation or certificate of occupancy within the time prescribed by la	n exchange for spe ise statement or to of a violation requi , I understand that tech along with all t	colal consideration. Violation is punishable by imprisonment or fine or both. I have knowingly or negligently falsified or allowed to be falsified any red under the provisions of this code or of a rule of any agency, I may be Lam responsible for insuring that a final inspection be performed when the		
	and a	all ful	horized the applicant to file this application for the work specified herein ure amendments. I will not knowingly authorize any work that is not in se with all applicable laws, rules, and regulations.	Owner Indi	vidual Partnership NYCHA / HHC poration Other Government NYC Agency		
	Yes				ado Unit Owner or Co-Op Tenant-shareholder 26A		
			Fee Exemption Request (Non-Profit Owned and Operated) In accordance with Administrative Code §28-112.1, Exception 1, I certify	ls	s the deed holder a non-profit organization? 🗆 Yes 🛛 🛣 No		
			that the deed holder is a corporation or association organized and operated exclusively for the purposes indicated in such section, and that the property is used exclusively by such entity for such purposed.	Relationship	ease print): ISSAC TURKIEH .		
			Fee Exemption Request (NYCHA/HHC, NYC Agency, or Other		ne/Agency: SIT REALTY LLC		
			Government Owned and Operated) The building or any part thereof to be constructed, renovated, eltered or demolished is owned and operated exclusively for the purposes of the NYC Agency, NYC Authority,	Stree	et Address: 2266 E 2ND STREET		
	_	-	NYS Agency, Federal Government or any other government entity.		City: BROOKLYN State: NY Zip:11223		
		X	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	Telephor	ne Number: (516) 322-7763 Fax:		
			that will remain occupied during construction. These occupied dwelling units have been clearly identified on the submitted construction		all Address: ARYEHREALTY@YAHOO COM		
		X)	documents.  The site of the building to be altered or demolished, or the site of the new	Signature and	1 Date 1/13/6		
*	_		building to be constructed, contains occupied housing accommodations subject to rent control or rent stabilization under Chapters 3 and 4 of Title	26A Condo	o/Co-Op Board See note in bottom left corner of page.		
			26 of the New York City Administrative Code. If yes, select one of the following:	Name (pl	lease print):		
			The owner is not required to notify the New York State Homes and Community Renewal (NYSHCR) of the owner's Intention to file		Title:		
			because the nature and scope of the work proposed, pursuant to NYSHCR regulations, does not require notification.	Stre	et Address:		
			The owner has notified the New York State Homes and Community Renewal (NYSHCR) of its intention to file such construction	Tolopho	City: State: Zip: ne Number: Fax:		
			documents/apply for such permit and has complied with all requirements imposed by the regulations of such agency as		ne Number: Fax:		
			preconditions for such [filing/application].  Provide date NYSHCR notitied:	Signature and	<del></del>		
			Owner's Certification for Directive 14 Applications (if applicable)	26B Lesse	ee Responsible for Annual Sign or Marquee Permit		
,	_	_	I have read and am fully aware of the applicant's statement that the construction documents submitted and all construction documents related		ease print):		
			to this application will not require a new or amended Certificate of Occupancy as there is no change in use, exits, or occupancy and the	Relationship			
			work is not inconsistent with the current certificate of occupancy.  Furthermore, I understand that I am responsible for retaining a qualified design professional to prefer a final leave of the leave	Business Nar			
			design professional to perform a final inspection when the permitted work is complete and this professional must submit a satisfactory final inspection ground to the NYC Designation of Reliditions within the line.		et Address:		
			inspection report to the NYC Department of Buildings within the time following inspection prescribed by Department rule.		City: State: Zip:		
	<b>Votes</b> Signa	for S lure n	Section 26A: Section required if unit owner signed Section 26. equired for authorized representative of Condo or Co-Op board.	Telephor	ne Number: Fax:		
			waivers, please see the PW1 User Guide	E-Ma	ail Address:		
			25				

DOB Reference Number: T00002244985
User Ref ID: SHEPHERD 8/19



### PW1A: Schedule A - Occupancy / Use

DEPT. BLDGS. 321993606 Job Number

SC181108023 Scan Code

Must be typewritten.

Sheet	1 of	2

\* Must use 2014 occupancy classification codes Proposed Use **Existing Legal Use** Zoning Use 2014 Code Building Code Occupancy Dwelling/ Zoning Use Maximum Live 2014 Code **Building Code Occupancy** Dwelling/ Floor Maximum Group(s)\* Rooming Group(s) Number of Load Designa-Rooming Group(s) Number of Load Designa-Group(s) Units (BC) Persons (psf) tions only Units (BC) Persons (psf) tions? S-1 17C 30 OG ⊠Yes 17 001 30 ☐Yes XNo D-2 001 Description TRUCKING TERMINAL FOR TRANSFER MEDICAL/ HAZARDOUS WASTE ( NO PROCESSING OR FABRICATION OF METAL TUBING, INTERIOR LOADING BERTH PACKAGING) 17C 4 120 ⊠Yes 5-1 17 MEZ 4 ☐Yes XNo D-2 MEZ ACCESSORY OFFICES OFFICES □Yes □No ⊠Yes ⊠Yes ☐Yes ☐No Description ⊠Yes ☐Yes ☐No Description Description LICEN 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 Applicant's Name (please print) WALTER T GORMAN 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 hereby state all the above information is complete and correct to the best of my knowledge.

heet	2	(

2 Building Notes to appear on the Certificate of Occupancy

3 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 hereby state all the above information is complete and correct to the best of my knowledge.

Internal Use Only



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

12/14



## ST-1: Street Tree Checklist

Must be typewritten.



Location Inform	ation Requir	ва тог <b>ан</b> аррисация.				
House No(s)	893	Street Name Shephe	erd Ave.	.0	BIS Job No.	
Borough	Brooklyn	Block 5421	Lot 1	BIN 3327505	C.B. No. 305	
		- A - A			_na	
Applicant Inform	nation Requ	ired for <b>all</b> applications. B				
Last Name			st Name Walter		Middle Initial T.	
		iorman, PE., PC.		÷1	Business Telephone (212) 532	-5970
		Street, 6th Floor	rela		Business Fax	
	New York	State NY	Zlp 10036		Mobile Telephone	- DE
E-Mail	walter.t.gor	man@wtgpepc.com		9,	License Number 043490	Туре РЕ
Certifications F	Required for all	applications. If proposed	l work is exempt	from tree requiremen	nts, proceed to section 4	
Fransportation, NY obtained. Below supporting this sum	C Department is summary in mary within the	of Parke and Pacreation	("Parks") and all these requireme	other applicable rule ints and in addition	coning Resolution, as well as NYo es and regulations unless approp I have included a complete zo	late waivers
Transportation, NY	C Department is summary in	of Parks and Recreation	("Parks") and all these requireme	other applicable rule ints and in addition	es and requiations unless approp	late walvers
Transportation, NY obtained. Below supporting this sum	C Department is summary in mary within the	of Parks and Recreation	("Parks") and all these requireme	other applicable rule ints and in addition illcation.	is and regulations unless appropriate included a complete zo	ning calculat
Transportation, NY	C Department is summary in mary within the	of Parks and Recreation formation pertaining to e drawing set submitted a	("Parks") and all these requireme s part of this app	other applicable rule ints and in addition ilication.  Street fr	as and regulations unless appropriate the land included a complete zo	ning calcular
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Transportation, NY obtained. Below supporting this sum  Total Required Total Required Total (Fractions equal to control of the Total Proposed	C Department is summary in mary within the rees	of Parks and Recreation  Minus allowable  Total above ne-half resulting from this calculated to the parks of parks and parks of parks and parks of parks and parks of parks and parks of parks o	deduction (use of the divided by 25 culation shall be controlled by 25 culation shall	other applicable rule ints and in addition solication.  Street from group 16B, 16C and otal applicable street feet = Total Requires insidered to be one tree all permit prior to job served at the location an alternate location an alternate location.	I have included a complete zo	Ling Calculat
Transportation, NY obtained. Below supporting this surr  Total Required Total Required Total  Total Proposed Total Proposed Total Proposed Total	C Department is summary in mary within the rees or greater than or rees xisting trees to	of Parks and Recreation formation pertaining to e drawing set submitted a  Minus allowable  Total above he-half resulting from this calculate be removed (requires Pa  Number of existing stree  Number of new str  Number of new trees her of proposed trees who	deduction (use of the divided by 25 culation shall be contributed to be presented to be presented at the payment will be contributed at the payment will be contributed at the payment will be contributed at the payment will be	other applicable rule ints and in addition solication.  Street fr group 16B, 16C and otal applicable street feet = Total Requir nsidered to be one tree al permit prior to job served at the location lanted at the location an alternate location be made to Parks for	approval) ►  approval) ►  approval) ►  approval ←  ap	Ling Calculat
Transportation, NY obtained. Below supporting this surr  Total Required Total Required Total  Total Proposed Total Proposed Total Proposed Total	C Department is summary in mary within the rees or greater than or rees xisting trees to	of Parks and Recreation  Minus allowable  Total above ne-half resulting from this calculated to the parks of parks and parks of parks and parks of parks and parks of parks and parks of parks o	deduction (use of the divided by 25 collation shall be controlled trees to be presented at the payment will the fund payments the fund pay	other applicable rule ints and in addition illication.  Street fr group 16B, 16C and otal applicable street feet = Total Requir nsidered to be one tree al permit prior to job served at the location an alternate location be made to Parks for sunder previous app	approval) ►	Ling Calculat
Transportation, NY obtained. Below supporting this sum  Total Required Total Required Total  (Fractions equal to o	C Department is summary in mary within the rees  or greater than or rees  xisting trees to Numle trees planted	of Parks and Recreation formation pertaining to e drawing set submitted a  Minus allowable  Total above he-half resulting from this calculate be removed (requires Pa  Number of existing stree  Number of new str  Number of new trees her of proposed trees who	deduction (use of the divided by 25 culation shall be controlled trees to be present trees to be present trees to be part of be planted at the payment will the fund payments.	other applicable rule ints and in addition illication.  Street fr group 16B, 16C and otal applicable street feet = Total Requir insidered to be one tree al permit prior to job served at the location lanted at the location an alternate location be made to Parks for sunder previous app	approval) ►	Lin

	*	7.		
4	Exemptions			
	I hereby certify this application is exempt from all str	eet tree requirements specified in	NYC Zor	ning Resolution because (choose one):
	The building's proposed dominant use group is 17 understand that any future changes to the domina street tree compliance.	or 18 and is exempt from street t nt use group of the buildings mus	tree requi st be subr	rements as per NYC Zoning Resolution. I nitted to the Department and may require full
	This is an Enlargement of a single or two family re not an enlargement of 20% or more pursuant to the	sidence that is not located in one e Quality Housing Program.	of the sp	ecial districts specified in ZR § 23-03 and
	<sup>76</sup>			
	Proposed work is EXEMPT because (select all the			
	This is not an Enlargement exceeding 20% o			04.05.00.00
	This is <u>not</u> a Change of Use to Residential Us			, 24-05, 33-03)
	☐This is <u>not</u> a detached garage that is 400 squ	are feet or greater (ZR §23-03, 33	3-03)	
-	Y .			100
	W 122			
5	Statements and Signatures: Applicant of R	ecord and Owner Required fo	or <b>all</b> appl	lcations.
25	Applicant of Record and Owner: Falsification of an fine or imprisonment, or both. It is unlawful to give the as a gratuity for properly performing the job or in exception of Record: I understand that I must informatised form reflecting those changes. I understand with this application must be consistent with the information of the above prevent the issuance of permits, sign-offs or Certification.	o a city employee, or for a city em change for special consideration. In the Department of any changes the information provided on the E frmation provided on this form.	nployee to Violation as to the in Builders F	accept, any benefit, monetary or otherwise, eitner is punishable by imprisonment or fine or both.  Iformation contained in this document and submit a pavement Plan application submitted in conjunction
	named.			STATE OF NEW LOS
	Owner Name (please print) Issac Turkieh	Notarization of Owner's Signature St. New York, County of:	_	Applicant of Record Name (please short)
		Swom to or affirmed under penalty of	of periury	Walter T.German Res 2 ≥ c
	Signature			Signature Date
-	1500	/3 day of January 2 Notary Signature:	- 20	43490
	1/2/2 2		لم	Signature S 43490 Date
	Date (12/2000		្ស	
	Notary Seal for Owner's Signature Required			P.E. / R.A. of Record Seal Required
	*			
	WASIM AKRAM BACCHUS Notary Public - State of New York NO. 018A6389973 Qualified in Queens County		æ	
	My Commission Expires Apr 8, 2023			



### TR8: Technical Report Statement of Responsibility for Energy Code Progress Inspections



This form must be typewritten

1	Location Information Required for all applications.						
	House No(s) 893 Street Name Shep	herd Ave.					
	Work on Floor(s) 1, Mez.						
	real on the fall of the second						
_							
2	2 Applicant Information Required for all applications.						
-	Choose all that apply: Design Applicant 3A, 4	Progress Inspections Ap	plicant <i>3B-D, 5</i> -6				
	Last Name Gorman	First Name Walter		Middle Initlal T.			
	Business Name Walter T. Gorman, PE, PC			Business Telephone (21)	2) 532-5970		
	Business Address 420 W 45th Street, 6th Flo			Business Fax			
	City New York State N			Mobile Telephone			
		R.A.		License Number 043	3490		
	License Type Choose one. A F.E.	NIT W					
_				m to a North	dend Von an TD4		
3	Energy Code Progress Inspection Required for	applications where Energy		Progress inspection is ma	ikeu Yes on TRT		
3/	← Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities		
Υ ]	N Progress Inspections	Table Reference in 1RCNY §5000-01(h) (1 )and (2)	Initial & Date	Initial & Date	Initial & Date		
	X Protection of exposed foundation insulation	(IA1), (IIA1)					
司	Insulation placement and R values	(IA2), (IIA2)					
	Fenestration u-factor and product rating	(IA3), (IIA3)					
	X Fenestration air leakage	(IA4), (IIA4)					
	K Fenestration areas	(IA5), (IIA5)					
口	🔀 Air sealing and insulation — visual	(IA6), (IIA6)					
	X Air sealing and insulation — testing	(IA7), (IIA7)					
	Loading deck weather seals	(IIA8)					
	X Vestibules	(IIA9)					
	X Fireplaces	(IB1), (IIB1) (IB2), (IIB2)					
	Shutoff dampers	(IB3), (IIB3)					
	HVAC and service water heating equipment	(IB4), (IIB4)					
-	HVAC and service water healing system controls	(IB5), (IIB5)					
-	HVAC insulation and sealing	(IB6), (IIB6)					
	Duct leakage testing	(IC1), (IIC1)					
_	⊠ Electrical energy consumption	(IIC2)					
	Lighting in dwelling units	(IC2), (IIC3)					
-	Interior lighting power     The feet lighting power	(IIC4)					
-		(IIC5)					
_	☑ Lighting controls	(IIC6)					
뷔	⊠ Electrical motors     Maintenance information	(ID1), (IID1)					
뉘	Maintenance information   Maintenance info	(ID2)					
님	M Permanent Cerunicate	(ID3)					

<sup>\*</sup> For column 3C, indicate date when the actual final inspection was performed,

4	Design Applicant's Statements and Signatures P.E./R.A. responsible for	
	I have identified herein all of the progress inspections, and commissioning required for compliance and determined whether commissioning is required.	Name (please print) TATE OF NEW YORK TO SHEET TO
	Commissioning is required for applications where C408 or ASHRAE 90.1 Section 6.7.2.4 requires commissioning. Check one:	Signature Date
	☐ This project requires commissioning and a preliminary commissioning report certification will be provide prior to sign-off.	P.E. / R.A. Seal (apply seal then sign and date over seal)
	★ This project does not require commissioning.	P.E. / R.A. Seal (apply seal then sign and date over seal)
5	Inspection Applicant's Identification of Responsibilities	
_	Check all that apply below:	
	For the progress inspections indicated above in section 3 and identified by me for progress inspection agency accepting responsibility for conducting the inspections applicable sections of the New York City Construction Codes and 1 RCNY 5000-01 101-07, which specifies the qualifications required for each progress inspector, and every progress inspector for which I/we take responsibility. I agree that both I and city Construction Codes and the Rules. I am aware of the additional sanctions imported to Code.  Change of Applicant: I am a-newly designated individual responsible for the items None of the inspections/tests indicated herein have been performed to date by Some of the inspections/tests indicated herein have been performed by the prodesignated individual, as indicated in the attached report.  I am aware of the additional sanctions imposed on false fillings by §28-211.1.2 of the Name (please print)  Walter T. Gorman, PE  Signature  Date	as identified in section 3B. I furner certify that I have read the in connection with progress inspections as well as 1 RCNY that this agency meets those qualifications for each and the agency will comply with all provisions of the New York used on false filings by §28-211.1.2 of the Administrative as specified herein and I hereby state that:  If the previously designated individual.
6	Inspection Applicant's Certification of Completion	<u> </u>
	I have completed the items specified herein and certify the following (check one or	ıly):
_	All work performed substantially conforms to approved construction docume provisions of the New York City Energy Conservation Code and other design	nts and has been performed in accordance with applicable nated rules and regulations.
	All work performed substantially conforms to approved construction docume provisions of the New York City Energy Conservation Code and other design report.	nated rules and regulations, except as indicated in the attached
	I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the	
	Withdrawal of Applicant: I am withdrawing responsibility for the Items of progress the results or status of the work performed to date.  Name (please print)	Inspections and/or tests indicated herein and herewith submit
	Signature Date	
	P.E. / R.A. Seal (apply seal, then sign and date over seal)	



# TR1: Technical Report Statement of Responsibility

DEPT. BLDGS. 321993606 Job Number

SC181108042 Scan Code

This form must be typewritten

1 Location Information Required for all applications.						
House No(s) 893 Street Name Shepherd Ave.						
Work on Floor(s) 001, Mez						
2 Applicant Information Required for all applications.						
Choose all that apply: Design Applicant 3A, 4A, 5 Special Inspection:	Choose all that apply: Design Applicant 3A, 4A, 5 Special Inspections Applicant 3B-D, 6-9 Progress Inspections Applicant 4B-D, 6-9					
Last Name Gorman First Name Wa	ltor	Middle Initial				
Comman						
Business Name Walter T. Gorman, PE., PC.		Business Telephone (212) 532-5970				
Business Address 420 W 45th Street, 6th Floor		Business Fax				
City New York State NY Zip 100	136	Mobile Telephone				
License Type choose one: X P.E. R.A. Other:	- II-	License Number 043490				
		Special Inspection 0002 Agency Number	68 			
3 Special Inspection Categories Required for all applications, continued	on name 2: I Indicates	renort required.				
3 Special Inspection Categories Required for all applications, continued	3B Identification of	3C Certificate of Complete	3D Withdraw			
3A ← Identification of Requirement	Responsibilities	Inspections / Tests	Responsibilities			
Y N Special Inspections Code/Sect	ion Initial & Date	Initial & Date	Initial & Date			
☐ 🗵 Structural Steel – Welding BC 1704	3.1					
☐ 🔀 Structural Steel – Details BC 1704	3,2					
□ X Structural Steel - High Strength Bolting BC 1704	3.3					
□ X Structural Cold-Formed Steel BC 1704						
☐ X Concrete – Cast-In-Place BC 170						
Concrete – Prestressed BC 170						
☐ X Masonry BC 170						
Wood – Installation of High-Load Diaphragms BC 1704						
□ ☑ Wood – Installation of Metal-Plate-Connected Trusses BC 1704						
☐ ☑ Wood – Installation of Prefabricated I-Joists BC 1704						
Subgrade Inspection BC 1704						
Subsurface Conditions – Fill Placement & In-Place  BC 1704  BC 1704						
Subsurface Investigations (Borings/Test Pits) TR4 BC 1704	7.4					
☐ ☑ Deep Foundation Elements ☐ TR5 BC 170	14.8					
☐ 🔀 Helical Piles (BB # 2014-020) ☐ TR5H BC 1704						
☐ ☑ Vertical Masonry Foundation Elements BC 176						
☐ ☑ Wall Panels, Curtain Walls, and Veneers ☐ BC 1704						
Sprayed fire-resistant materials BC 170						
Mastic and intumescent Fire-resistant Coatings  BC 170						
Exterior insulation and Finish Systems (EIFS)  BC 170						
☐ ☑ Alternative Materials - OTCR Buildings Bulletin # BC 170						
50.470						
☐ X Fuel-Oil Storage and Fuel-Oil Piping Systems ☐ X High-Pressure Steam Piping (Welding) BC 170						
☐ ☑ High Temperature Hot Water Piping (Welding)  BC 170						
☐ ☑ High-Pressure Fuel-Gas Piping (Welding) BC 170						
☐ ☑ Structural Stability – Existing Buildings BC 1704						
☐ ☒ Excavations—Sheeting, Shoring, and Bracing BC 1704.	20.2					
BC 1704.						
Mechanical Demolition BC 1704.						



# TR1: Technical Report Statement of Responsibility

This form must be typewritten

3A ← Identification of Requirement		3B Identification of Responsibilities	3C Certificate of Complete Inspections / Tests	3D Withdraw Responsibilities	
N Special Inspections	Code/Section	Initial & Date	Initlal & Date	Initial & Date	
☑ Ralsing and Moving of a Building	BC 1704.20.5				
Soil Percolation Test - Private On-Site Storm Water Drainage Disposal Systems, and Detention Facilities	BC 1704.21.1.2		(9)		
Private On-Site Storm Water Drainage Disposal Systems, and Detention Facilities Installation	BC 1704.21.2				
Individual On-Site Private Sewage Disposal Systems Installation	BC 1704.22				
Soil Percolation Test - Individual On-Site Private Sewage Disposal Systems	BC 1704.22				
Sprinkler Systems	BC 1704.23				
Standplpe Systems	BC 1704.24				
	BC 1704,25				
∏ Chimneys	BC 1704.26				
Fire-resistant Penetrations and Joints	BC 1704,27				
N Aluminum Welding	BC 1704.28				
Flood Zone Compliance (attach FEMA elevation/dry floodproofing certificate where applicable)	BC 1704.29				
I I I I I I I I I I I I I I I I I I I	BC G105				
Luminous Egress Path Markings	BC 1704.30 BC 1024.8				
Emergency and Standby Power Systems (Generators)	BC 1704.31				
Post-installed Anchors (BB# 2014-018, 2014-019)	BC 1704.32				
	BC 1707.8				
	BC 1905.3				
Concrete Design Mix	Suhit	id TRS to complete this t	em		
☐ TR2 BC 1905.6 BC 1913.10 Substit TR2 to complete this text.					
4 Progress Inspection Categories Required for all a	oplications. 📕 indicates	report required.			
4A ← Identification of Requirement	2000	4B Identification of Responsibilities	4C Certificate of Complete Inspections / Tests	4D Withdra Responsibilitie	
N Progress inspections	Code/Section	Initial & Date	Initial & Date	Initial & Dat	
Preliminary	28-116.2.1, BC 110.2	IIIIIII & Dato			
☐ ☑Footing and Foundation	BC 110.3.1				
	BC 110.3.2				
I ⊠Structural Wood Frame	BC 110,3.3				
	BC 110.3.5	Subn	us TR8 to complete this i	8m	
Fire-Resistance Rated Construction	BC 110.3.4				
RPublic Assembly Emergency Lighting	28-116.2.2				
7 W-: ::	28-116.2.4.2, BC 110.5,				
Directive 14 Of 1	975, and 1 RCNY §101-10	L			
For column 4C, indicate date when the actual final inspection was per					
5 Design Applicant's Statements and Signatures	P.E./R.A. responsible	for plans, choose bo	oth below and sign/seal.		

I have identified all of the special inspections, progress inspections and tests required for compliance.

I certify that the Special Inspection and Approved Agencies engaged by the owner to supervise the work specified above are acceptable. (BC 1704.1)



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

I have reviewed the information provided herein and, to the best of my knowledge and belief, attest to its accuracy. I approve the identification of the responsible inspector. 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 a fine or imprisonment, 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 w	ith the Department.
	Name (print) Title	
	Signature Date	
7	Inspection Applicant's Identification of Responsibilities	
	Check all that apply below:	
	For the special inspections indicated above in section 3, I certify that I am responsibility for conducting the inspections. I further certify that I have reacconnection with special inspections as well as 1 RCNY 101-06 Rule, which agency meets those qualifications for each and every special inspection for comply with all provisions of the New York City Construction Codes and the by §28-211.1.2 of the Administrative Code.	If the applicable sections of the New York City Construction Codes in specifies the qualifications required for each inspection and that this which I/we take responsibility. I agree that both I and the agency will
	For the progress inspections indicated above in section 4, except energy indicated in section 3, I assume the responsibility and I personally, or where personnel under my direct supervision, will perform the required inspections requires or requests. I am aware of the additional sanctions imposed on false	permitted by the New York City Construction Codes, qualified and tests on such forms and in such matter as the Department
	Final Inspection: I will make final inspection of the construction work, including those inspection inspection that all work substantially conforms to approved construction documents of progress inspections and other inspections has been documented in the final inspection within 1 year from the expiration of	numents and applicable laws and rules. I will confirm that the nented before I report the work complete. As prescribed by 1 RCNY
	Upon completion of the work and within 30 days of my final inspection, I will completed in accordance with the approved construction documents, laws a	file a certification attesting to the fact that all work was performed and and rules, except as reported otherwise.
	I understand that my failure to file a certification of completion or to no one year from expiration of the last valid permit may result in the loss issuance of a violation, or both. I am aware of the additional sanctions Code.	of my privileges to file under Directives 2 and 14 of 1975 or
	Change of Applicant: I am a newly designated individual responsible for t	
	None of the inspections/tests indicated herein have been performed to	date by the previously designated Individual.
	Some of the inspections/tests indicated herein have been performed be designated individual, as indicated in the attached report.	y the previously
	I am aware of the additional sanctions imposed on false filings by §28-211.7 Name (please print)	I.2 of the Administrative Code.
	Signature	
_	P.E. / R.A. Seal (apply seal, then sign and date over seal)	
	Inspection Applicant's Certification of Partial Completion	9 Inspection Applicant's Certification of Full Completion
	I have completed the items specified herein and certify that all work performed substantially conforms to approved construction	All work performed substantially conforms to approved construc- tion documents and has been performed in accordance with

### 8

documents and has been performed in accordance with applicable provisions of the New York City Construction Codes and other designated rules and regulations, except as indicated in the attached report.

Withdrawal of Applicant: I am withdrawing responsibility for the items of special/progress inspections and/or tests indicated herein and herewith submit the results or status of the work performed to date.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

Name (please print)

Signature

Date

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

applicable provisions of the New York City Construction Codes and other designated fules and regulations.

I am aware of the additional sanctions imposed on false filings by §28-211.1.2 of the Administrative Code.

TR1

Name (please print)

Signature

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

Date



### PW3: Cost Affidavit

Must be typewritten.



1 Peason For Filling	Required for all applications.				V/AIT
Reason for filing cost Initial Filing 2-7 Prior to Approval Action Post Approval Amendm To obtain Sign-off 2-3,	Estimated cost of construction Estimated cost of construction ent (PAA) 1A, 2-7 Estimated cost of construction	3	1A Indicate ex affected by	-	ent number
	n Required for all applications.	TOTA			Messell
House No(s) 893	The state of the s				
Borough Bro		3327505	C.B. No	. 305	
3 Cost Details Require					
and labor; work shall includ ances, indirect costs, includ reflected in the unit costs st can show detailed estimate "No" must be apecified fo	e total value of work proposed per § 28-112.3 of the NYC Administrative le all construction elements including, but not limited to, construction e ling but not limited to general conditions, insurance, and an allowance for nown. If in the opinion of the Department, the valuation is underestimate to meet the approval of the Department. The initial, amended and fin or each "Category of Work" listed below.	quipment, wall an or profit and overh ed on the applicat	d floor finishes, t ead shall be adde ion, the permit sh	ouilt-in cabinets, ed to direct work all be denied, ur	and kitchen appli- costs and shall be less the applicant
Yes No	fust match all applicable categories indicated on PW1.) Yes No	Van M			
Section   Sect	Standpipe (SD)  Sprinkler (SP)  Signs (SG)  Signs (SG)  Antenna (OT/ANT)  Antenna (OT/ANT)	Yes No	General Cons	nolition ural Demolition Nork novation enovation	
Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Install exit and emergency lighting	3	1000	3000	
	Replace exit doors	2	1500	3000	
	Minor patch repair to existing floors and walls	200 sf	20	4000	10,000.00
			7074	LOD COST. 1	10 000 00

\*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.

Last Name Gorman, PE., PC. Business Phone 212-532-5970 Business Fax  Business Address 420 W 45th Street, 6th Floor City New York StateNY Zip 10036 E-Mailwalter.t.gorman@w License Number 043490 Choose One: P.E. R.A. Sign Hanger Other (specify)  5 Owner/Lease Holder Information  Last Name Knisley Business Name Sharps Compliance, INC Business Phone 713-660-3544 Business Fax  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  6 Design Applicant's Statements and Signatures  1 hereby state the information on this form is correct and complete but the best of my knowledge. I understand full till and the summer of special consideration. Violation is punishable by impringenent or the base knowingly or negligently statisfied or allowed to be failated any certificate, form, signed statement, application, report of certification or this form is correct and complete but the best of my knowledge. I understand till if an amount application, violation is punishable by impringenent for the base knowling or negligently statisfied or allowed to be failated any certificate, form, signed statements with the Department, application, report of certification of this code or of a rule of any spency, I may be barred from filing further applications or documents with the Department, or both. I also understand it is uninavent to give not properly in the code or of a rule of any spency, I may be barred from filing further applications or documents with the Department, or both in the code or of a rule of any spency, I may be barred from filing further applications or documents with the Department.  Name (print)  Name (print)  Name (print)  Notarization	t, 6th Floor StateNY toose One:  Ce, INC Lite 500 State TX	Business Name Walter T. Gorman, F Business Address 420 W 45th Street, 6 City New York License Number 043490 Choo  Owner/Lease Holder Information	, PC. Busines Floor StateNY	ss Phone 212 Zip 100	2-532-5970	Business Fax	
Business Address 420 W 45th Street, 6th Floor  City New York  State NY  Zip 10036  E-Mail Walter.t.gorman@w  License Number 043490  Choose One: P.E. R.A. Sign Hanger Other (specify)  Towner/Lease Holder Information  Last Name Knisley  First Name Curtis  Business Name Sharps Compliance, INC  Business Phone 713-660-3544  Business Address 9220 Kirby Dr., Suite 500  Mobile Phone  City Houston  State TX  Zip 77054  E-Mail Cknisley@sharpsine  I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a midserful project of a city employee to accept, any benefit, monetary or chepting in substance in professionation for any of the provisions of this code or of a rule of any agency, I may be barned from filing further applications, or documents of this code or of a rule of any agency, I may be barned from filing further applications or documents with the Department  Name (print)  Walter T. Gorman, PE  P.E. / R.A. Seal (apply.seal, then sign and date over interpretation or any statement is a misdement and after provision or this code or of a rule of any agency, I may be barned from filing further applications or documents with the Department  Name (print)  Name (print)  Name (print)  Name (print)  Name (print)	t, 6th Floor StateNY toose One:  Ce, INC Lite 500 State TX	Business Address 420 W 45th Street, 6  City New York  License Number 043490 Choo  Owner/Lease Holder Information	Floor StateNY	Zip 10		HAS V MICHAEL II	
City New York State NY Zip 10036 E-Mail Walter.t.gorman@w License Number 043490 Choose One: P.E. R.A. Sign Hanger Other (specify)    License Number 043490 Choose One: P.E. R.A. Sign Hanger Other (specify)	StateNY noose One: [ ce, INC uite 500 State TX	CityNew York License Number 043490 Choo  Owner/Lease Holder Information	StateNY		036	Mobile Phone	
License Number 043490 Choose One: P.E. R.A. Sign Hanger Other (specify)  5 Owner/Lease Holder Information  Last Name Knisley First Name Curtis Middle Initial  Business Name Sharps Compliance, INC Business Phone 713-660-3544 Business Fax  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone  City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  6 Design Applicant's Statements and Signatures  1 hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdle program of 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.  Name (print)  Valter T. Gorman, PE  P.E. / R.A. Seal (apply.seal, then-sign and date over the position of this form is correct and complete to the best of my knowledge. I understand that If I am found after period to a state of 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.  Name (print)  Valter T. Gorman, PE  P.E. / R.A. Seal (apply.seal, then-sign and date over the provision of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.  I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and to punishable by imprisonment, or both. I also understand it is unlavful to give to a city employee or for a city employee to accept, any benefit, monetary or cohemits, edition as a gratisty for properly in the provision or this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.  Name (print)  Name (print)  Notarization	ce, INC uite 500 State TX	License Number 043490 Choo  Owner/Lease Holder Information			036		
Last Name Knisley  Business Name Sharps Compliance, INC  Business Phone 713-660-3544  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zlp 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  I hereby state the Information on this form is correct and complete to the best of my knowledge. I understand fatallication of any statement   semislative processor of 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  Name (print)  Walter T. Gorman, PE  P.E. / R.A. Seal (epply.seal, then sign and date over the provision of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department  I hereby state the information on this form is correct and complete to the best of my knowledge. I understand fatallication of any statement is a madement or and the provision of this code or of a rule of any agency, I may be barred from filing further application of any statement is a madement or and is pundahable by imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee, or or only required when submitting to obtain sign-off.  I hereby state the information on this form is correct and complete to the best of my knowledge. I understand fatallication of any statement is a madement or any statement is a madement or to have knowledge or any statement is a madement or to have k	ce, INC uite 500 State TX	Owner/Lease Holder Information	One: XP.E.	TRA		E-Mailwalter.t.g	jorman@wtgpep
Last Name Knisley  Business Name Sharps Compliance, INC  Business Phone 713-660-3544  Business Fax  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  State TX  Zip 77054  Business Address 9220 Kirby Dr., Suite 500  City Houston  I hereby state the Information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a must be ment or both. I understand falsification of any statement is a must be provision of this code or of a rule of any agency, I may be barred from filling further applications, form, signed statement, application, report of explicitude of the Gerbard of the G	uite 500 State TX				Sign Hanger	Other (specify)	
Business Name Sharps Compliance, INC Business Phone 713-660-3544 Business Fax  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone  City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone  City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone  City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  Business Address 9220 Kirby Dr., Suite 500 Mobile Phone  City Houston State TX Zip 77054 E-Mail cknisley@sharpsine  I hereby state the Information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is prinsiple meaning or otherwise, glitg-list is grafully be allowed a complete to the falsified and complete to be falsified any certificate, form, signed attent, application, reprint growth and provisions of his code or of a rule of any agency, I may be barred from filing further applications or documents with the Department of the Gregor of particular of the Gregor of the Greg	uite 500 State TX	Last Name Knisley					
Business Name Sharps Compliance, INC  Business Address 9220 Kirby Dr., Suite 500  Mobile Phone  City Houston State TX Zip 77054  Business Address 9220 Kirby Dr., Suite 500  State TX Zip 77054  Business Address 9220 Kirby Dr., Suite 500  State TX Zip 77054  Business Address 9220 Kirby Dr., Suite 500  State TX Zip 77054  Business Address 9220 Kirby Dr., Suite 500  Besign Applicant's Statements and Signatures  I hereby state the Information on this form is correct and complete be the best of my knowledge. I understand falsification of any statement is missing in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, eliteras is grafully by captive performing ment or to have knowlingly or negligently fatsified or allowed to be faisfied any certificate, form, signed attention, application, reprint of extinctions of the correct of any agency, I may be barred from filing further applications or documents with the Department.  Name (print)  Walter T. Gorman, PE  P.E. / R.A. Seal (apply seal, then sign and date over 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.  P.E. / R.A. Seal (apply seal, then sign and date over the provisions of this code or of a rule of any agency, I may be barred from filing further application of any statement is a misdemeanor and is punishable by imprisonment or fine or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratulty for property 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.  Notarization	uite 500 State TX		Fir	st Name Cu	rtis	Middle Initial	
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Owner's/Lease Holder's Statements and Signatures Notary only required when submitting to obtain sign-off.  I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by imprisonment, or both. I also understand 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 property 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 negligent 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 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.  Name (print)  Notarization  Notarization			=		Signature	AROFESSIONE	(\$/2020
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day of 20		Cint	day of		20		
Date O 1 0 9 20 20 Notary Public Signature	Notary Pub	Date	Notary Public Signatu	Ire			

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	Accept Original Revised Cost Needed		
C of O:	Accept Original Revised Cost Needed		
Plan Examination/C of O;	☐ Accept Revised Submission (Resolved)	4	

### NEW YORK CITY BOARD OF STANDARDS AND APPEALS

#### REGULAR MEETING TUESDAY MORNING, SEPTEMBER 10, 2019 10:00 A.M.

	APPEALS – DECISIONS				
		Cozen O'Connor			
<b>5.</b>	2019-45-A	10002 Farragut Road, Brooklyn			
_		Appeal of the DOB interpretation (dated 1/31/2019) that motor freight			
		station for regulated medical waste use at the premises constitutes a UG 18 use			
		pursuant to ZR § 42-15 and seeks the Board's confirmation that such use			
		constitutes a UG 16 use pursuant to ZR § 32-25.			
		Community Board #18BK			
		Project Manager: Gjela Prenga (212) 386-0067			
	10:02 A.M.	Status: Granted - 9/10/19			

	1	PPEALS – CONTINUED HEARINGS			
	A	NYC Department of Buildings			
	2017-310-A	10002 Farragut Road, Brooklyn			
6.	2017-310-A	•			
		Pursuant to § 645 of the New York City Charter, the Department of Buildings			
		(the Department") respectfully submits to the Board of Standards and Appeals			
		(the "Board") this statement in support of its application to modify certificate			
		of occupancy 321114450F dated September 1, 2015.			
		Community Board #18BK			
		Project Manager: Gjela Prenga (212) 386-0067			
	10:05 A.M.	Status: Adjourned, Continued Hearing – 12/10/19			
		City Club of New York			
7.	2019-89-A	36 West 66th Street aka 50 West 66th Street, Manhattan			
		Appeal of a New York City Department of Buildings challenging the validity			
		of a building permit dated April 11, 2019. C4-7, R8 Special Lincoln Square			
		District.			
		Community Board #7M			
		Project Manager: Toni Matias (212) 386-0084			
	10:08 A.M.	Status: Closed, Decision - 9/17/19			
		Landmark West			
8.	2019-94-A	36 West 66th Street aka 50 West 66th Street, Manhattan			
0.		Appeal of a New York City Department of Buildings challenging the validity			
		of a building permit dated April 11, 2019. C4-7 and R8 Special Lincoln			
		Square District.			
		Community Board #7M			
		Project Manager: Toni Matias (212) 386-0084			
	10:08 A.M.	Status: Closed, Decision - 9/17/19			

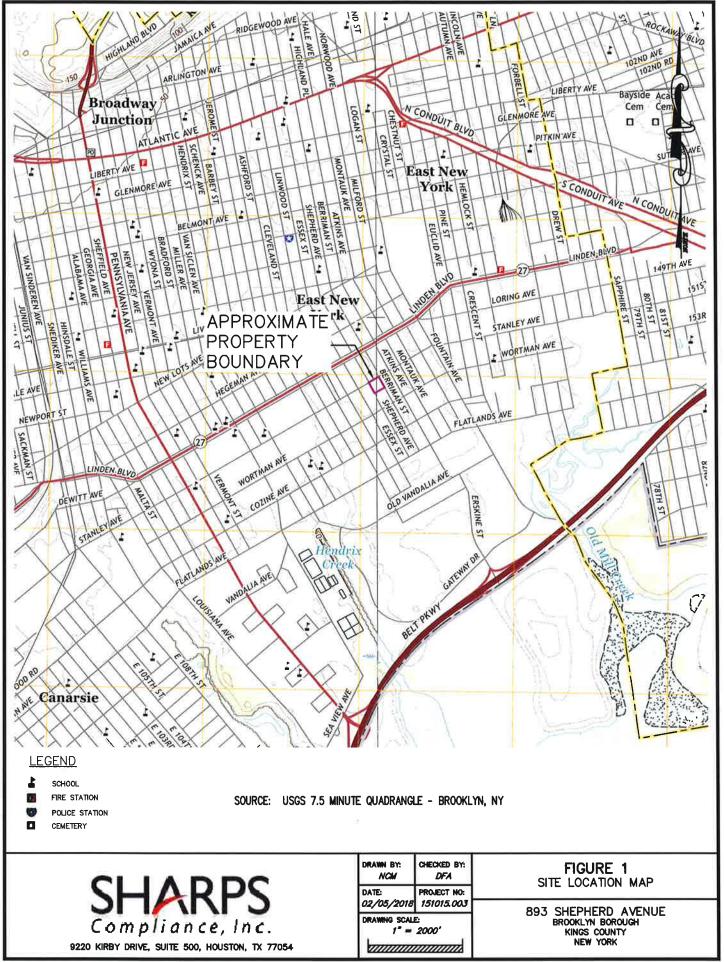
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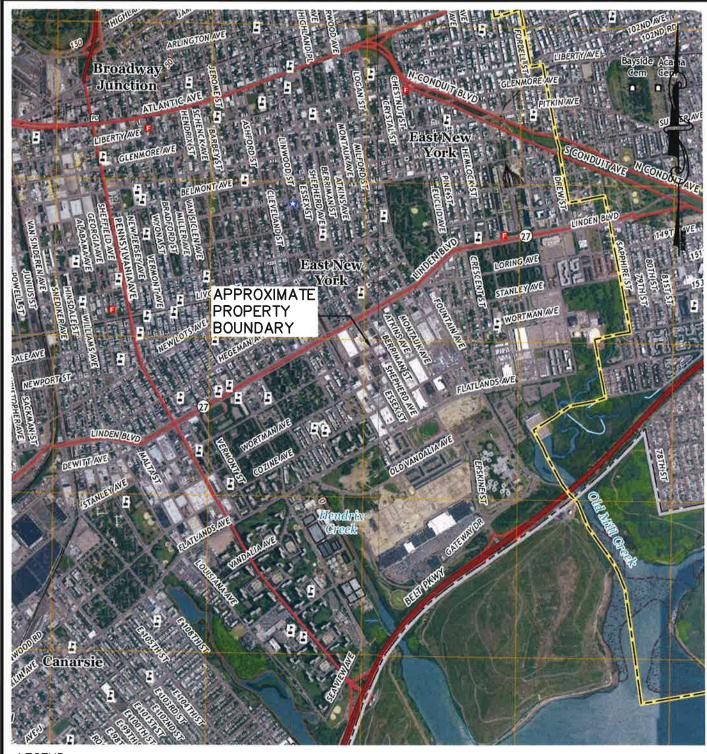
This information is provided in draft form and is a public service courtesy only. Although the BSA endeavors to ensure that the information is as current and accurate as possible, errors do occasionally occur, and the schedule may change due to withdrawals and adjournments. Therefore, the BSA cannot guarantee the accuracy of the information. Readers should, where possible, verify the information before acting on it.

Sharps Compliance, Inc.
Response to NOIA Application ID: 2-6105-00889/00001
February 18, 2020

# **ATTACHMENT B**

# **REVISED SITE FIGURES AND DRAWINGS**





#### **LEGEND**

SCHOOL

FIRE STATION

POLICE STATION

CEMETERY SOURCE: USGS 7.5 MINUTE QUADRANGLE - BROOKLYN & JAMAICA, NY



9220 KIRBY DRIVE, SUITE 500, HOUSTON, TX 77054

DRAWN BY:	CHECKED BY:				
DATE: PROJECT NO: 02/05/2018 151015.003					
DRAWING SCALE:					

FIGURE 1A SITE LOCATION MAP

893 SHEPHERD AVENUE BROOKLYN BOROUGH KINGS COUNTY NEW YORK



#### LEGEND

**♣** school

FIRE STATION

POLICE STATION

CEMETERY

SOURCE: USGS 7.5 MINUTE QUADRANGLE - BROOKLYN & JAMAICA, NY



DRAWN BY: CHECKED BY: *DFA*DATE: PROJECT NO:

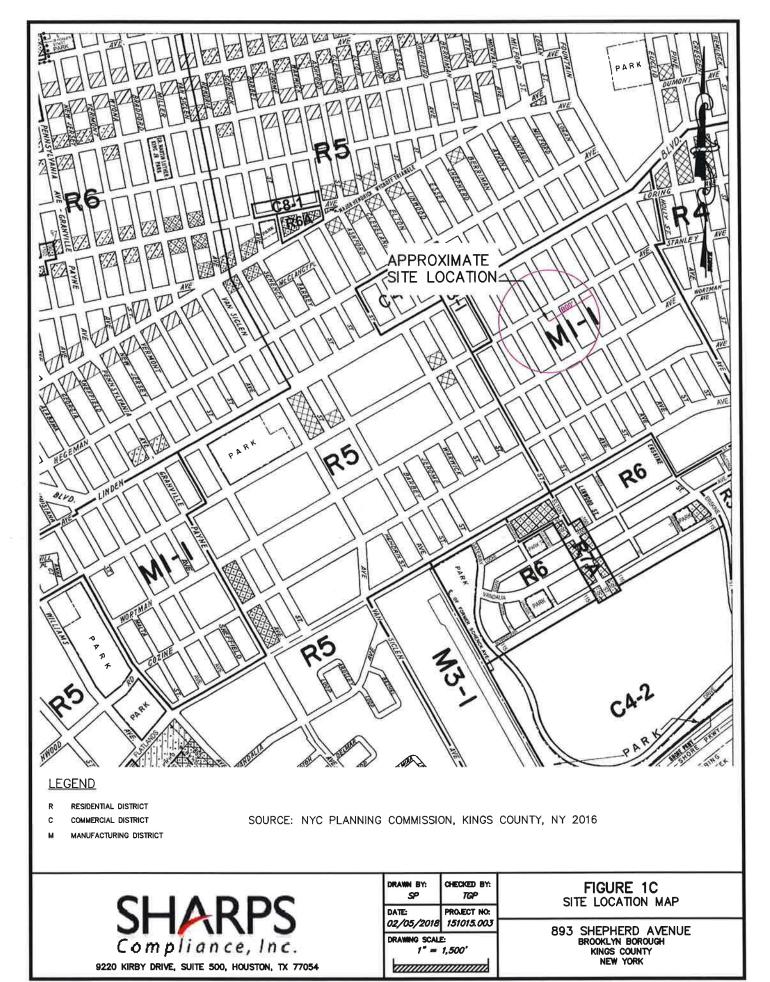
02/05/2018

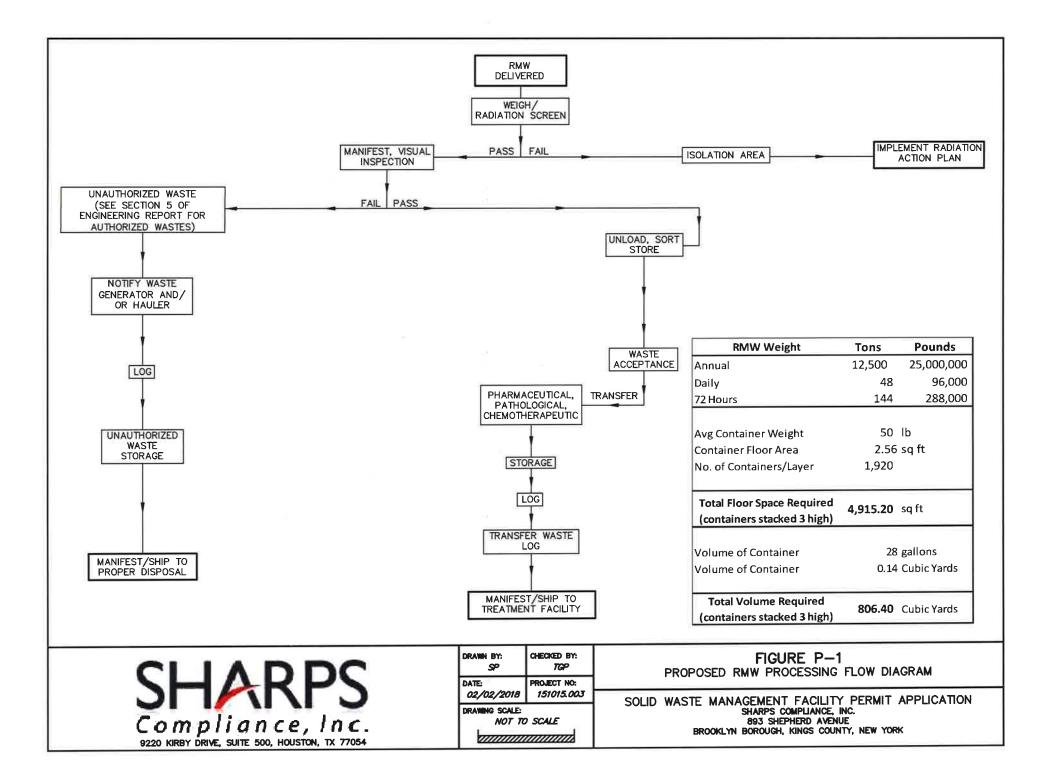
DRAWNG SCALE:

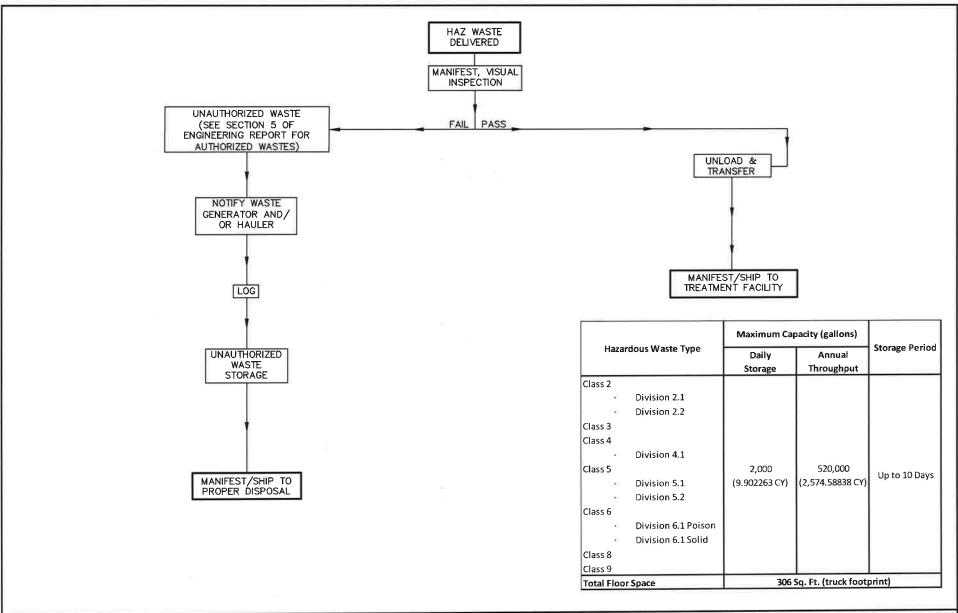
1" = 500'

FIGURE 1B SITE LOCATION MAP

893 SHEPHERD AVENUE BROOKLYN BOROUGH KINGS COUNTY NEW YORK









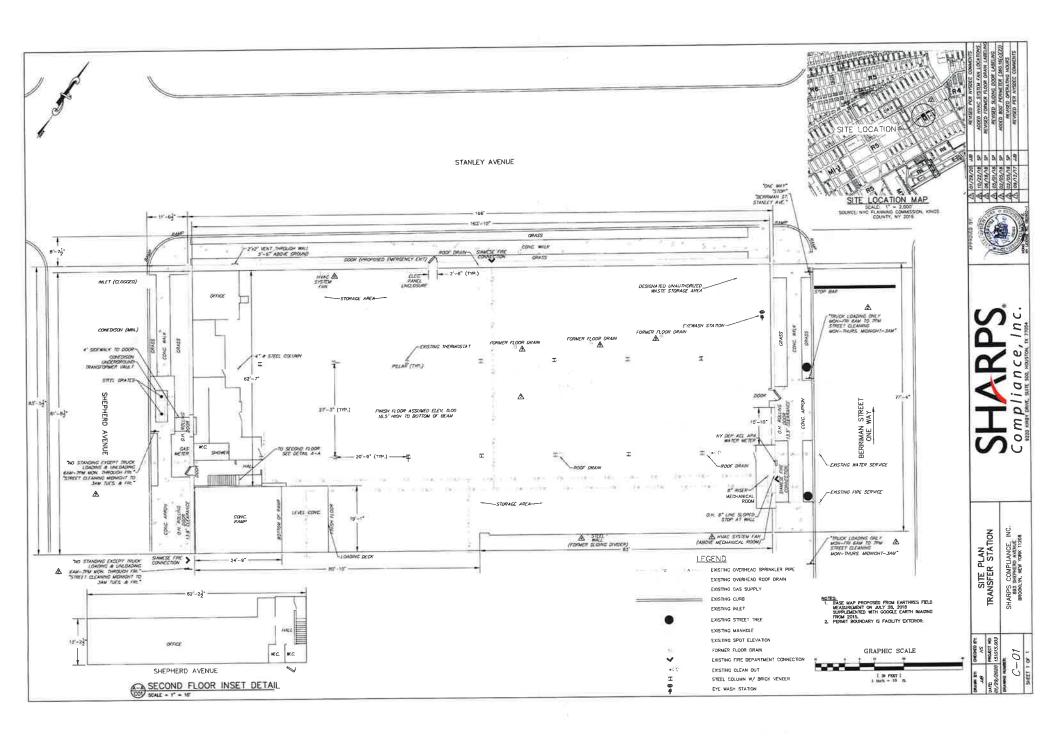
DRAWN BY:	CHECKED BY:
DATE:	PROJECT NO:
02/02/2018	151015,003

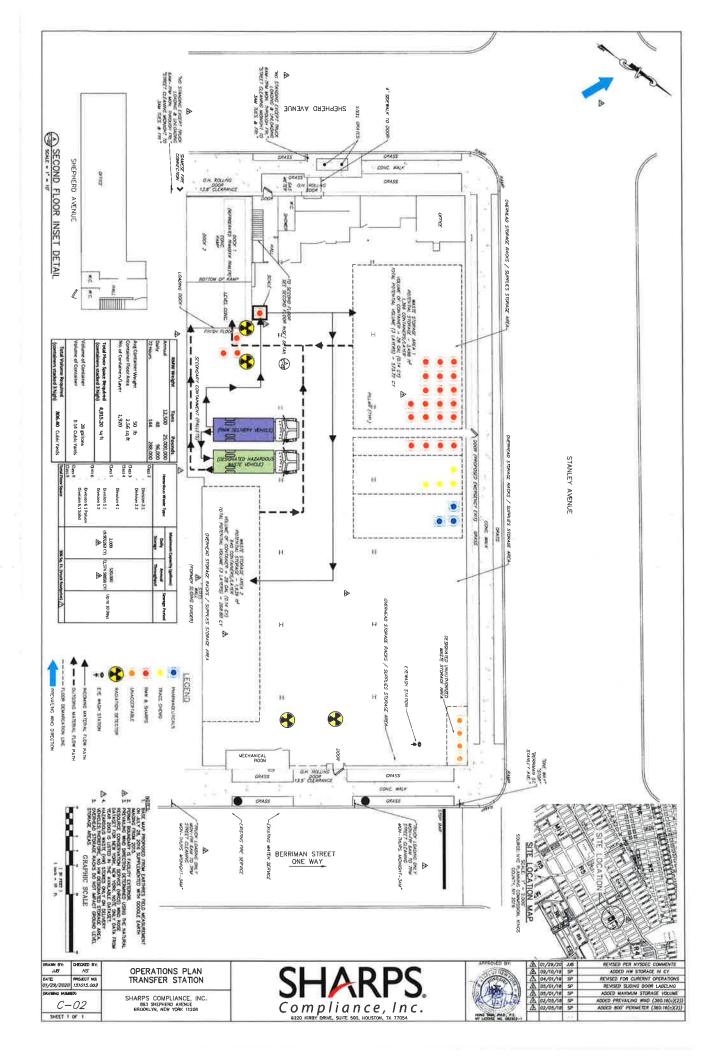
DRAWING SCALE:

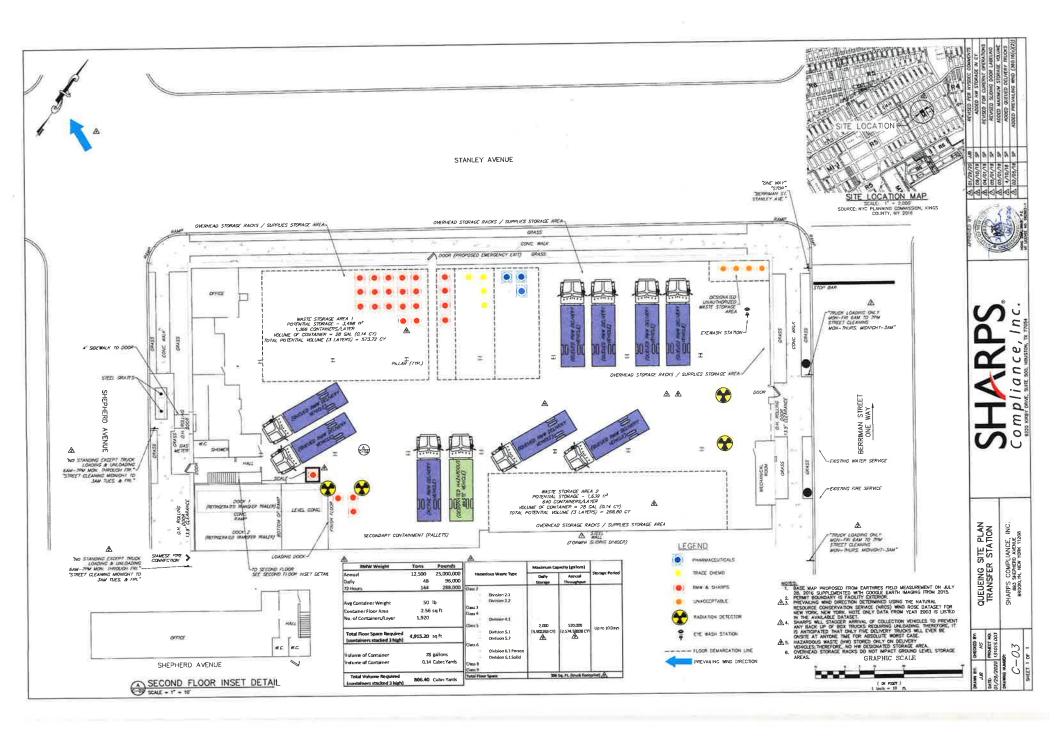
NOT TO SCALE

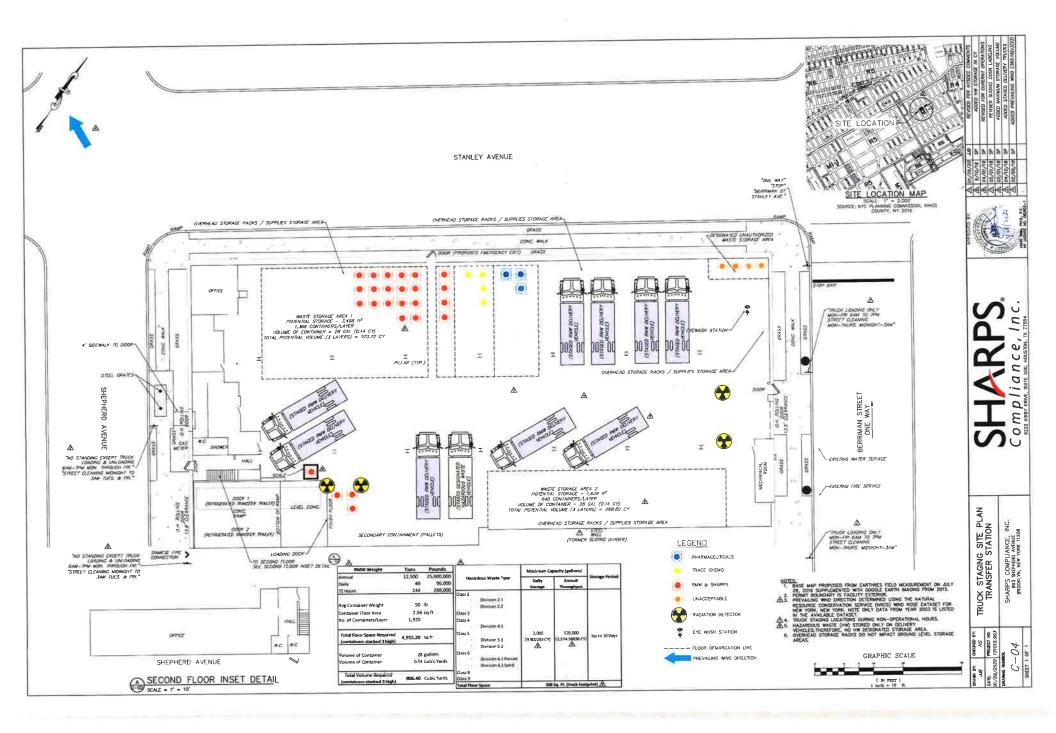
# FIGURE P-2 CURRENT HAZARDOUS WASTE PROCESSING FLOW DIAGRAM

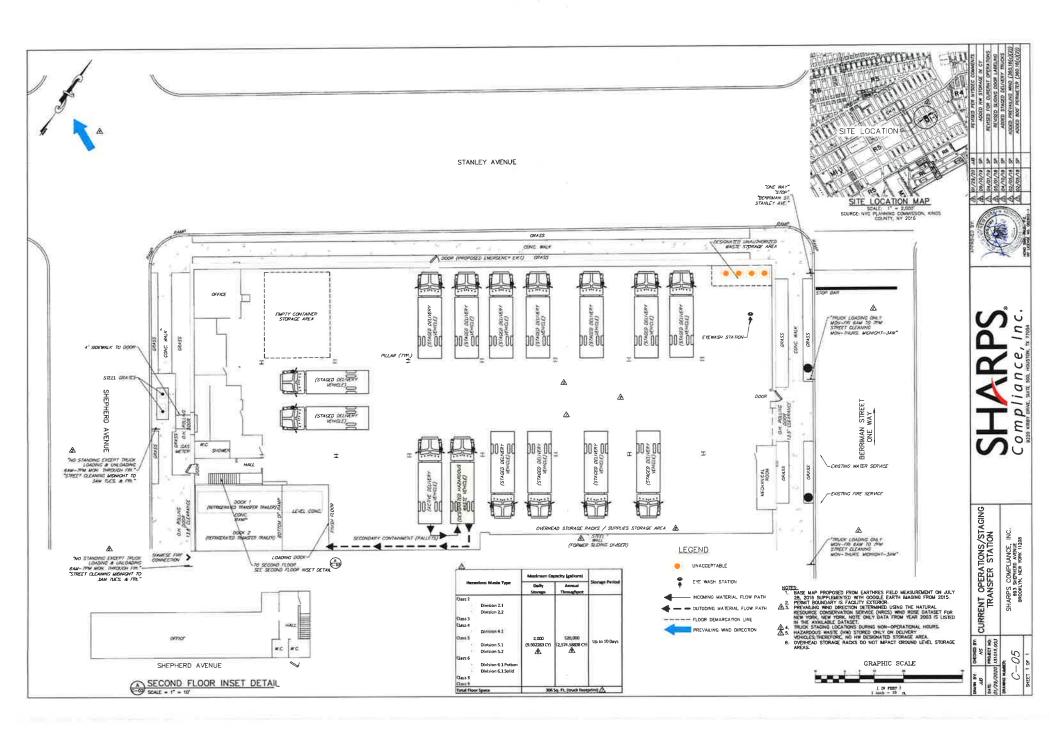
SOLID WASTE MANAGEMENT FACILITY PERMIT APPLICATION SHARPS COMPLIANCE, INC.
893 SHEPHERD AVENUE
BROOKLYN BOROUGH, KINGS COUNTY, NEW YORK

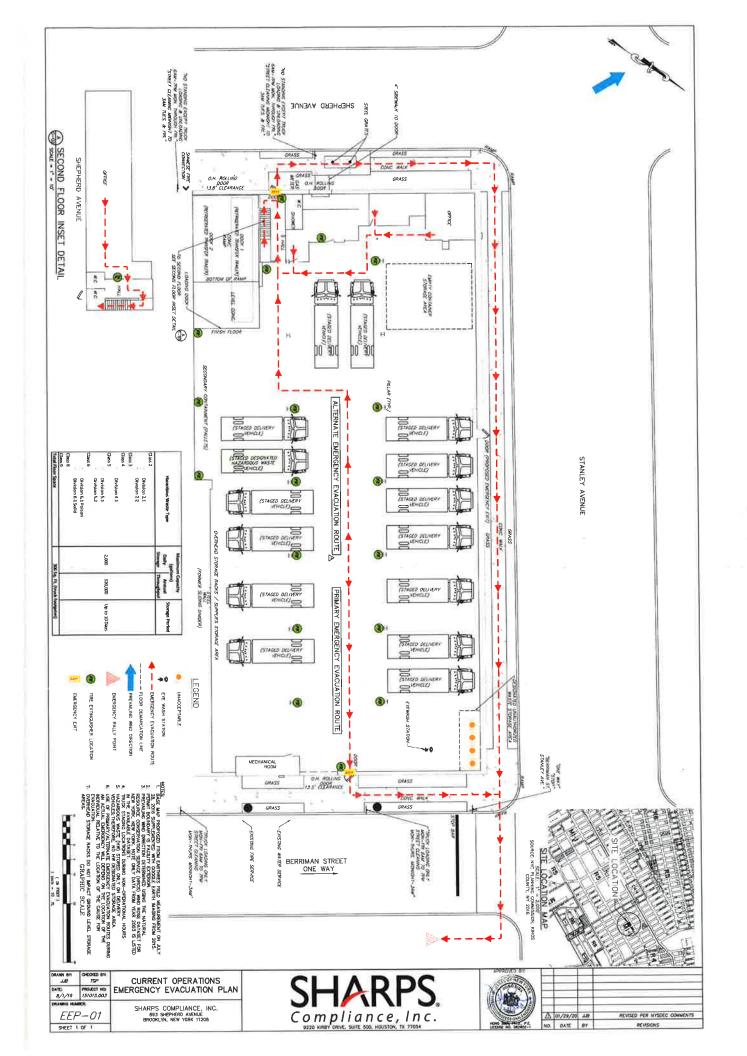


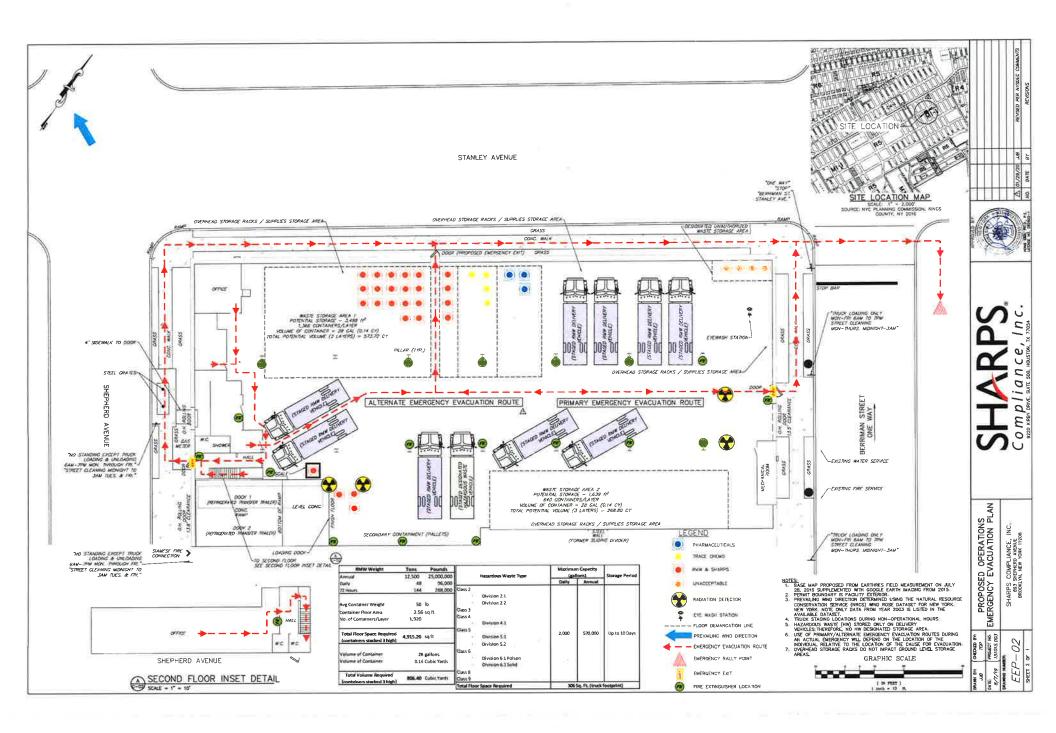












Sharps Compliance, Inc. Response to NOIA Application ID: 2-6105-00889/00001 February 18, 2020

## **ATTACHMENT C**

# EPA TRANSPORTER IDENTIFICATION NUMBER NYR000139295 DOCUMENTATION

(CURRENT AS OF SEPTEMBER 18, 2019)

## An official website of the United States government.



You are here: Hazardous Waste Sites Summary

=> Site Listing for NEW YORK

=> Current Site Details for NYR000139295

## **Current Site Details for NYR000139295**

This screen contains the most recent site information (name, addresses, etc.) for this Site ID (i.e., physical location). This screen also shows the RCRA activities that this site is engaged in.

#### **Site Information**

Current as of	Site ID	Site Name
09/18/2019	NYR000139295	CITIWASTE LLC

### Site Addresses

Address Type	Street	City		Zip Country	
Location	893 SHEPHERD AVE	BROOKLYN	NY	11208	US
Mailing	893 SHEPHERD AVE			11208	US

## Primary North American Industry Classification System (NAICS) Code

**Code - Description** 

562112 - HAZARDOUS WASTE COLLECTION

#### **RCRA Activities**

## **Description**

Transporter

Transfer Facility

#### **Contact Information**

Name	Street	City	Location	Zip	Country	Phone
DAVID A MARTIN	SHEPHERD	BROOKLYN	NY	11208	US	903- 693- 2525

## Owner(s)

Name	Street	City	Location	Zip	Country
SIT REALTY LLC	893 SHEPHERD AVE	BROOKLYN	NY	11208	US

## Operator(s)

Name	Street	City	Location	Zip	Country
CITIWASTE LLC	893 SHEPHERD AVE	BROOKLYN	NY	11208	US

## Waste Generated or Managed

**Code - Description** 

**D001 - IGNITABLE WASTE** 

**D002 - CORROSIVE WASTE** 

D006 - CADMIUM

D007 - CHROMIUM

**D008 - LEAD** 

D009 - MERCURY

D010 - SELENIUM

D011 - SILVER

D022 - CHLOROFORM

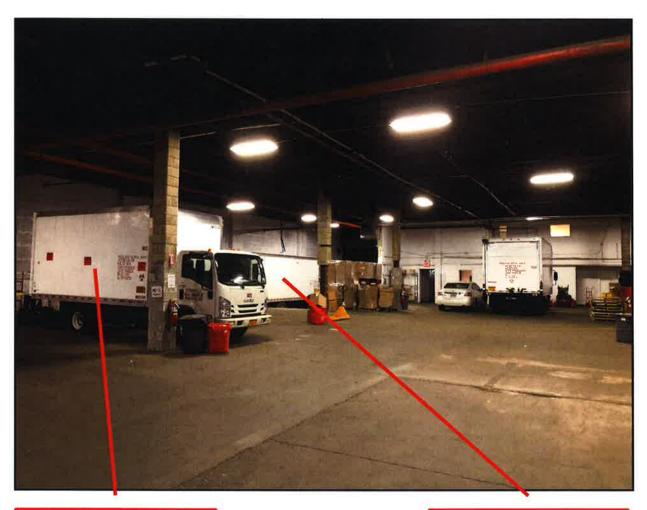
D024 - M-CRESOL

Sharps Compliance, Inc.
Response to NOIA Application ID: 2-6105-00889/00001
February 18, 2020

## **ATTACHMENT D**

## SECONDARY CONTAINMENT PHOTOGRAPHS

## PLANT FLOOR - LOOKING SOUTH



Designated Hazardous Waste Box Truck

Hazardous Waste Transport Truck Trailer

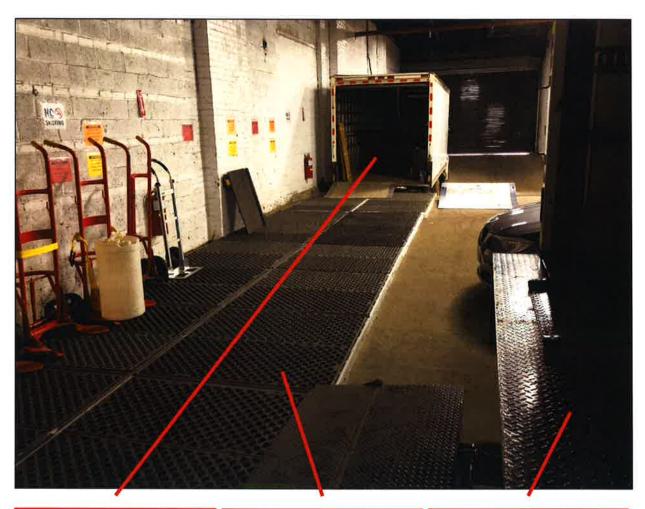
# PHOTOGRAPH NO. 2 PLANT FLOOR / LOADING DOCK – LOOOKING SOUTHEAST



Designated Hazardous Waste Box Truck

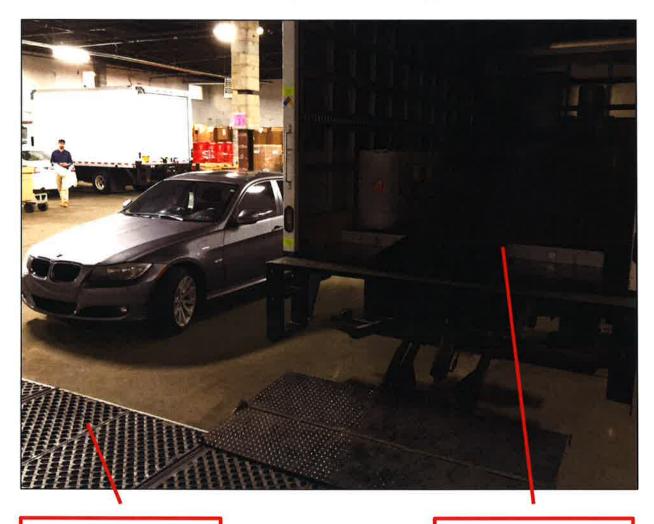
Secondary Containment Pallets Hazardous Waste Transport Truck Trailer

## SECONDARY CONTAINMENT PALLETS - LOOKING SOUTHWEST



Hazardous Waste Transport Truck Trailer Secondary Containment Pallets Designated Hazardous Waste Box Truck

## SECONDARY CONTAINMENT PALLETS / BOX TRUCK - LOOKING WEST / NORTHWEST

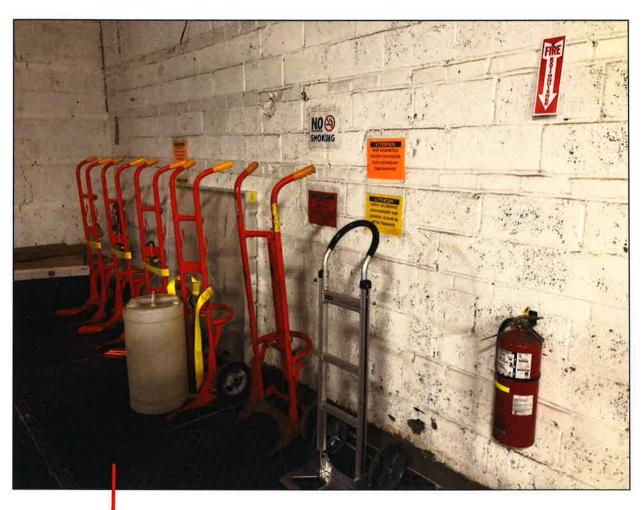


Secondary Containment Pallets Designated Hazardous Waste Box Truck



Secondary Containment Pallets Designated Hazardous Waste Box Truck

## SECONDARY CONTAINMENT PALLETS / HAND TRUCKS – LOOKING EAST / SOUTHEAST



Secondary Containment Pallets