



CCD1: Construction Code  
Determination Form

DEPT. BLDGS Job No. 121324717  
Scan Code ESHS1070658

Must be typewritten

Do not use this form for Zoning Resolution determination requests - use ZRD1 form

<b>1</b>	<b>Location Information</b> Required for all requests on filed applications
House No(s) 17-21 Street Name WEST END AVE	
Borough MANHATTAN Block 1171 Lot 164 BIN 1088870 CB No. 107	
<b>2</b>	<b>Applicant Information</b> Required for all requests on filed applications.
Last Name NICOLAZZI First Name JAMES Middle Initial	
Business Name DOMANI CONSULTING Business Telephone 516 256 0317	
Business Address 68 WHITEHALL STREET Business Fax	
City LYNBROOK State NY Zip 11563 Mobile Telephone	
E-Mail JNICOLAZZI@CRS-GROUP.COM License Number 029249	
License Type <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> R.L.A. DOB PENS ID # (if available)	
<b>3</b>	<b>Attendee Information</b> Required if different from Applicant in section 2 or no Applicant.
Relationship to the property: <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Filing Representative (Class 2) <input type="checkbox"/> Other	
Last Name WEBSTER First Name JANE Middle Initial	
Business Name DOMANI CONSULTING Business Telephone 516 256 0317	
Business Address 68 WHITEHALL STREET Business Fax	
City LYNBROOK State NY Zip 11563 Mobile Telephone	
E-Mail CASSIE@CRS-GROUP.COM License/Registration # (if P.E./R.A./R.L.A./Attorney) 002680	
<b>4</b>	<b>Nature of Request</b> Required for all requests. Only one request may be submitted per form.
Determination request is for: <input type="checkbox"/> Determination <input type="checkbox"/> Predetermination	
Determination request issued to: <input type="checkbox"/> Borough Commissioner's Office <input type="checkbox"/> Technical Affairs	
Job associated with this request? <input type="checkbox"/> Yes (provide job # / doc # / obj # / examiner name below) <input type="checkbox"/> No	
Job # 121324717 Document # Objection # Examiner:	
Has this request or a similar one been previously denied? <input type="checkbox"/> Yes (attach all denied request form(s) and attachment(s)) <input type="checkbox"/> No	
Enter short description of Technical Topic (5 words or less):	
Construction Code (if applicable) <input type="checkbox"/> 2014 Code <input type="checkbox"/> 2008 Code <input type="checkbox"/> 1968 Code <input type="checkbox"/> Prior to 1968 Code	
Enter All Control #(s) for related CCD1/ZRD1 requests.	
Zoning District(s): Zoning Overlay(s): Special District(s):	
ZR Section: Code Section Rule #:	
Indicate all Buildings Department officials that you have previously reviewed this issue with (if any): <input type="checkbox"/> Borough Commissioner <input type="checkbox"/> Code & Zoning Specialist <input type="checkbox"/> General Counsel's Office <input type="checkbox"/> Deputy Borough Commissioner <input type="checkbox"/> Chief Plan Examiner <input type="checkbox"/> Other	
<b>ADMINISTRATIVE USE ONLY</b>	
Control #: Appointment date:	
Appointment Scheduled With:	
Comments:	
Review Team Members:	
Reviewed By: Robert D'Allesio Date 10/06/2016	

46929

<b>5</b>	<b>Description of Request</b> (utilize page 3 / section 7 if additional space is needed to properly describe this request)
<p>This is a request for:</p> <p><input type="checkbox"/> Interpretation or clarification</p> <p><input type="checkbox"/> Variation of Building Code or Rules per § 28-103.3 (please state in detail the practical difficulty that is specific to this project, and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><input type="checkbox"/> Variation of Multiple Dwelling Law (MDL) § 277.16 for Article 7B Buildings (please state in detail the practical difficulty that is specific to this project and provide the analysis as to equally safe alternative, as per NYC Charter Section 645(b)(2))</p> <p><u>Note:</u> Variations of any other MDL provisions must be filed with the Board of Standards and Appeals (BSA) per MDL § 310.</p>	

Please itemize all attachments, including plans/sketches, submitted with this form. (attachment may not be larger than 11" x 17")  
 If request is based on a plan examiner objection, type in the applicable objection text exactly as it appears on the Objection sheet and include a copy of the Objection sheet in the submitted Pdf.

17-21 West end ave is a New building filed with the DOB under application # 121324717

At this time we are requesting to be released from the Site Safety Program since all exterior work under NB permit # 121324717 is complete with minor interior fit out work remaining.

Please note that due to SCA work on floors 1-5 under Alt1 permit # 122605047 a hoist has been erected at East facade. This hoist has been filed with the DOB under permit # 122839820. It is to service only the SCA floors thus requiring the necessity to maintain the shed. Please note that shed will be maintained as required by the contractor overseeing the SCA work.

CONDITIONALLY APPROVED. Job may be taken off of SS Program, provided a licensed SSM return to the site for the dismantling of hoist and installation of any curtain wall.

*Robert D'Allesio* 10/06/2016

*Note: Buildings Department Determination will be issued on the CCD1 Response Form*

<b>6</b>	<b>Statements and Signature</b> Required for all requests (If Attorney, include "Esquire" or "Esq." in signature)					
<p>I hereby state that all of the above information is correct and complete to the best of my knowledge. 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.</p>		Name (please print) <span style="float: right;">9/21/16</span> <b>JAMES NICOLAZZI</b> Signature <span style="float: right;">Date</span>				
		<p>P.E. / R.A. Seal (apply seal, then sign and date over seal - not required for Attorneys on unfilled applications)</p>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"><b>ADMINISTRATIVE USE ONLY</b></td> <td style="width: 60%;">Control #:</td> </tr> <tr> <td>Reviewed By: <i>Robert D'Allesio</i></td> <td>Date: 10/06/2016</td> </tr> </table>			<b>ADMINISTRATIVE USE ONLY</b>	Control #:	Reviewed By: <i>Robert D'Allesio</i>	Date: 10/06/2016
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CCD1

PAGE 3

7	Description of Request (use this section if additional space is required for description)
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Owner: X  
DREW SPITLER  
 RIVERSIDE CNTR PARCEL 2 BIT ASSO

Contractor: X  
Mildred Claire  
 MILDRED C CLAIRE  
 TISHMAN CONSTRUCTION CORP

*Note: Buildings Department Determination will be Issued on the CCD1 Response Form*

8 Statements and Signature Required for all requests (If Attorney, include "Esquire" or "Esq." in signature)	
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	Signature <u>[Signature]</u> Date <u>9/21/16</u>  P.E. / R.A. Seal (apply seal, then sign and date over seal - not required for Attorneys on unfilled applications)
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