



# Schedule B Plumbing/Sprinkler/Standpipe

For Plumbing, Sprinkler, & Standpipe Installations/Repairs  
Please File 3 copies  
Application Must Be Typewritten

Job Number _____
(Afft Label)

<b>1 Filing Status</b>	<input type="checkbox"/> New Installation- Entire	<input type="checkbox"/> New Installation - Partial	<input type="checkbox"/> Complete revision	<input type="checkbox"/> Changes/additional fixtures
Work type costs:	PL: \$ _____	SD: \$ _____	SP: \$ _____	

<b>2 Location</b>				
Borough	Block	Lot(s)	BIN	C.B. No.
House No(s).	Street Name			
Special Place Name				

<b>3 Additional Considerations</b>		
<input type="checkbox"/> Directive 14 Acceptance Requested	<input type="checkbox"/> New C of O Required	<input type="checkbox"/> Amended C of O Requested
<input type="checkbox"/> Made to Remove Violation	Violation Number(s): _____	

<b>4 Drainage Information (required for all New Buildings)</b>							
Storm Drainage Discharges into				Sanitary Drainage Discharges Into:			
<input type="checkbox"/> Storm Sewer	<input type="checkbox"/> Combined Sewer	<input type="checkbox"/> Private Disposal	<input type="checkbox"/> Sanitary Sewer	<input type="checkbox"/> Combined Sewer	<input type="checkbox"/> Private Disposal	<input type="checkbox"/>	<input type="checkbox"/>

<b>5 Sewer Work (check all that apply)</b>		
<input type="checkbox"/> SD1,2,3	<input type="checkbox"/> Site Connection	<input type="checkbox"/> Septic Tank

<b>6 Cap/remove/relocate (piping fixtures &amp; sprinkler)</b>	<input type="checkbox"/> Cap or remove	<input type="checkbox"/> Replace	<input type="checkbox"/> Relocate	Describe all below:

<b>7 Gas and Gas Equipment Data</b>	
<input type="checkbox"/> Gas Piping Involved	
Describe Gas Fired Equipment:	
Gas meters/risers data (check off below all that apply. Check off types of gas usage for any listed meters/risers).	
<input type="checkbox"/> Check (x) if gas service required from Utility Co.	
No. of Meters:	Location(s) (Floor/Apt. no. - list all that apply):
No. of Risers:	Location(s) (Floor/Apt. no. - list all that apply):
Gas usage:	<input type="checkbox"/> Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Dryer <input type="checkbox"/> Boiler/Pilot <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Hot Water Tankless Coil <input type="checkbox"/> Other (describe):

<b>8 Plumbing Equipment Information (not floor specific)</b>			
Drain - Yard:	Quantity	Drain - Roof:	Quantity
<input type="checkbox"/> Check this box if no fixtures are typed in section 11 of this form			

<b>9 Sprinkler Totals</b>	
Total number of sprinkler heads typed In section 11 for this job:	
<input type="checkbox"/> Water supply off the domestic water supply	<input type="checkbox"/> Water supply not off the domestic water supply

<b>10 Statements and Signatures</b>		<b>Sign-Off FOR INTERNAL USE ONLY</b>	
<p>I hereby state that the information on this form is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine or Imprisonment, or both.</p> <p>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>	SEAL  	<p>I hereby certify that the work indicated above has been done in a manner required by the Rules and Regulations of the New York City Department of Buildings.</p> <p><input type="checkbox"/> Sign off for _____ (define worktype/s)</p>	
Applicant Name		Inspector's Name (print)	
Signature		Badge #	
Date		Signature	
		Date	