Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite "Construction". If so, and ***total*** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). ***Please read the LRA Instructions to ensure submission of an appropriate and complete application:***

☐ **Minor Construction** – Minor construction project with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities, if not relating to clinical space – check "Non-Clinical" box below).

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (**NOT** necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)
Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

☐ **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check "Construction" above.*)
Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. ****If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

☐ **Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 7, 8, 10, and 12.

☒ **Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

☐ **Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for "part-time clinic". (*If construction associated, also check "Construction" above.*)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
7001009H	South Brooklyn Health	Hospital

OPERATOR ADDRESS – STREET & NUMBER		PFI	NAME AND TITLE OF CONTACT PERSON		
2601 Ocean Parkway		1294	Daniel Collins, Associate Executive Director		
CITY	COUNTY	ZIP	STREET AND NUMBER		
Brooklyn	Kings	11235	2601 Ocean Parkway		
PROJECT SITE ADDRESS – STREET & NUMBER		PFI	CITY	STATE	ZIP
1607 Surf Ave		1294	Brooklyn	NY	11235
CITY	COUNTY	ZIP	TELEPHONE NUMBER	FAX NUMBER	
Brooklyn	Kings	11235	917 [redacted]	[redacted]	
TOTAL PROJECT COST: $ 4,000,000.			CONTACT E-MAIL: daniel.collins@nychhc.org		

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State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE ☐

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED
	$
	$
	$
	$
	$

B. CASH ☐

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 1

Accumulated Funds	$ 4,000,000.00
Sale of Existing Assets*	$
Other – (i.e. gifts, grants, **etc.)	$
TOTAL CASH	$ 4,000,000.00

*Attach a full and complete description of the assets to be sold.

Attachment # _____

** If grants, attach a description of the source of financial support

Attachment # _____

C. DEBT FINANCING ☐

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing. **This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.**

Attachment # _____

Principal	$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

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State of New York Department of Health/Office of Health Systems Management

Schedule LRA 5

Space & Construction Cost Distribution

☐ New

☒ Alteration

LOCATION			Code and Functional Category Description	Functional Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No. (1)	Floor No. (2)	Sect. No. (3)	(4)	(5)	(6)	(7)	(8)
1	1	1	908 Medical Services- Primary	2,500	$400.00	$1,000,000.0	C
1	1	2	493 Drug Rehabilitation	6,250	$400.00	$2,500,000.0	C
			Total Construction				

1. If new construction is involved, is it "freestanding"? Yes ☐ No ☒

2. (Check where applicable) The facilities to be affected by this project are located in a:
   ☒ Dense Urban Area ☐ Other Metropolitan or Suburban Area ☐ Rural Area

3. This submission consists of: ☐ New Construction Report Number of pages _____
   ☒ Alteration Construction Report Number of pages 2

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Schedule 6
Architectural/Engineering Submission

Contents:

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over $15 Million, or Projects Requiring a Waiver (PDF)
  - Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY. (PDF) (Not to Be Submitted with Self-Certification Projects)
  - Architect's Letter of Certification for Completed Projects (PDF)
  - Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - FEMA Elevation Certificate and Instructions.pdf
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - Physicist's Letter of Certification (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews
  - DSG-1.0 Schematic Design & Design Development Submission Requirements
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. Incomplete responses will not be accepted.

Project Description	
Schedule 6 submission date: 2/20/2024	Revised Schedule 6 submission date: 2/20/2024
Does this project amend or supersede prior CON approvals or a pending application? Choose an item. If so, what is the original CON number? No	
Intent/Purpose: Relocation of an existing hospital extension clinic	
Site Location: 1601 Surf Avenue, & 2932 West 16th St. Brooklyn, NY 11224	
Brief description of current facility, including facility type:	

Primary Care Clinic	
Brief description of proposed facility: Primary Care Clinic with waiting/reception, 5 patient exam rooms, phlebotomy room, soil hold, clean hold, medicine work room, physician office, nursing office, practice manager office, patient toilet, staff toilet, housekeeping closet IT/telecom room, supply closet, electrical panel closet and staff pantry. Outpatient Behavioral Health Center with waiting/reception, 3 patient exam rooms, patient observation room, director and managers offices, 4 social worker rooms, 9 counseling rooms, 4 group rooms, soil hold, medicine work room, 3 patient toilets, staff toilet, housekeeping closet, EVS, clerical storage, medical storage, general storage, IT/telecom room, supply closet, electrical panel closet, and staff pantry	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Ground floor level; all spaces are "business" occupancy	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Not Applicable	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Not Applicable	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. FGI Guidelines Year 2018	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.	Choose an item.
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. See Below	

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.

1. HEATING, VENTILATING AND AIR CONDITIONING

A. General:

1) The Heating, Ventilating and Air Conditioning (HVAC) systems will be designed in accordance with the applicable codes, authorities having jurisdiction and in accordance with current good engineering practices.

2) All details of the mechanical systems will be coordinated with the building architectural features and functional requirements in all areas.

3) These outline specifications are generally descriptive; specific ratings and capacities of equipment will be considered tentative until design details are completely resolved.

B. Outside Design Conditions:

1) Summer: 88°F DB; 72°F WB
2) Winter: 11°F DB

C. Inside Design Conditions:

1) Summer: 75°F DB (± 2°F); 50% (No Range)
2) Winter: 72°F DB (± 2°F)

D. Sound Control:

The ductwork systems in the building will be designed for following noise criteria (NC) levels. Space NC levels depend on other components such as General Construction:

1) Private office areas and conference rooms NC 35
2) Open office areas and common areas NC 35

E. Ventilation Rate (Per ASHRAE 170):

No.	Occupancy	NYSDOH Rate Total Air Change Per Hour	NYSDOH Rate Outside Air Change Per Ho
1)	Exam Rooms	6	2
2)	Clean Room	2	1
3)	Soiled Room	10	10
4)	Medical Room	4	2
5)	Offices	6	2
6)	Waiting Areas	6	2
7)	Pantry	6	2
8)	Corridors	4	4
9)	Toilets	10	10

F. HVAC System Design:

1) Provide Variable Refrigerant Flow (VRF) based split type heat pump system with multiple ducted evaporator units with common condensing units.
2) Indoor evaporator units serve multiple spaces based upon their occupancy, exposure.
3) Outside air for the spaces is provided by Energy Recovery Ventilation (ERV) units. Outside air is supplied from the ERV units to all spaces to provide code required outside air. Air for the spaces is relieved through the ERV units to the exterior through louver on the building façade.
4) Provide programmable controllers for AC units and ERV system to control units with space thermostats and outside air sensors.
5) Provide toilet exhaust duct from toilets and soiled room to roof fan through existing duct riser.

G. Testing and Balancing:

1) Perform testing and balancing procedures on each system in accordance with NEBB or AABC standards.

2) All air conditioning units and exhaust fans will be balanced to quantities designed.

3) Balancing will include supply air, return air, exhaust air.

H. Mechanical Equipment, Materials and Installation:

1) Ductwork Materials: Supply, return and exhaust air ductwork will be of hot dipped, galvanized sheet steel, lock forming quality, zinc coating designation G90, ASTM A527. Ductwork reinforcements will be of galvanized steel.

2) Ductwork construction for low-pressure systems will be in accordance with SMACNA pressure classification for static pressure to 2" W.G.

3) Supply air duct insulation will be similar to Owens-Corning fiberglass faced 1" thick duct wrap, commercial grade Type 100 with type FRK vapor barrier facing. Insulation will be applied on all concealed low-pressure ductwork.

4) Manual volume control dampers will be installed at all branch ducts to provide design air quantities. Dampers and frame will be of same material as ductwork. The dampers will be provided with locking type quadrants and handle operators. Where ductwork is insulated, handles will extend out far enough to clear insulation.

5) Flexible duct connections will be a minimum of 6" long and held in place with heavy metal bands, securely attached, to prevent any leakage at the connection points. Flexible connections will be fabricated from approved flameproof fabric conforming to NFPA 90A.

6) Supply air diffusers will be of the multi-louvered type with patterns arranged to provide air quantities in each direction in proportion required. Diffuser will be steel construction louvers welded to structural supports to form a rigid vaneless core. Diffusers will be designed for flush mounting and factory primed and finished with factory baked white enamel.

7) Exhaust/return air grilles and registers will be single deflection at a 45° angle, with opposed blade damper, steel construction and will be factory finished in white baked enamel.

3. PLUMBING

A. General:

1) The plumbing systems include the following:

a) Sanitary drainage and vent.

b) Domestic water systems hot and cold water.

2) The plumbing systems will be coordinated with the building architectural features and functional requirements in all areas.

3) The building standards for materials, methods and systems will be adhered to.

4) Plumbing Fixtures: All fixtures will be top quality for toilets, hand washing sinks, etc.

B. Sanitary drainage and vent systems:

Drainage from new plumbing fixtures will drain by gravity to existing sanitary waste stacks where feasible. For locations where sanitary lines by gravity is not feasible, under sink counter sump pumps with pumped discharge will be provided to gravity piping piping a ceiling. Vents from new plumbing fixtures will be connected to existing vent stack.

The piping system above grade will be hub-less service weight cast iron pipe and fittings with heavy duty neoprene gasketed couplings with stainless steel corrugated jackets and a minimum of four stainless steel clamps per coupling.

C. Domestic water:

1) Plumbing fixtures for the space will be provided with domestic hot and cold water from risers located in the existing toilet. Domestic water will be extended from these risers to new fixtures located in the project areas.

2) The piping system will be type 'L' copper tube with wrought copper or brass fittings and lead-free solder joints. The system will be designed to maintain a maximum velocity of 8 fps at design flow conditions.

3) System will be designed to prevent water hammer conditions by providing air chambers for fixtures and shock arrestors for quick closing valves.

4) Shutoff valves will be provided at the risers and stop valves will be provided at each fixture.

5) Hot water temperature will be maintained throughout the system by the extension of the existing piped recirculation system connection.

D. Plumbing Equipment, Material and Installation

1. Piping

1) Above Ground Sanitary Drainage and Vent Piping: Up to 12 inch diameter, hub-less cast iron pipe and fittings with heavy duty rated wideband stainless steel coupling and neoprene gasket.

2) Domestic water piping above ground: All domestic water piping 4" and smaller will be type "L" copper pipe hard temper with wrought copper 95-5 (tin and antimony) soldered fittings.

2. Valves

1) All valves will have the name of the manufacturer and working pressure cast or stamped thereon.

2) Shut-off valves 3" and less will be ball-type.

3) All valves will be with screwed or flanged ends as required by the piping system in which they are installed.

4) This trade will submit a schedule of all control valves for approval, complete with pertinent data, such as manufacturer, catalog number, pressure ratings, etc.

5) Domestic Water System

a) Gate Valves:

(1) Bronze rising stem, Class 150 rising stem, Union Bonnet, Solid Wedge and Manufactured in accordance with MSS-SP80. Model No. T134 as manufactured by Nibco.

b) Ball Valves

(1) Two-piece, bronze, end entry, 600 psi WWP; similar to Nibco #T585-70.

c) Check Valves:

(1) Bronze, threaded cap, Teflon disc; similar to Nibco #T433-Y.

3. Plumbing Fixtures:

1) All exposed metal parts are to be chromium-plated brass. All supply valves to have renewable seats. All handles to be metal.

2) Plumbing fixtures is to be provided as part of the laboratory casework. Plumbing contractor will make all necessary service connection in accordance to local codes.

4. Drains:

1) CI body with integral double drainage flange and adjustable neck.

2) In finished rooms; similar to Smith #2010-A with nickel bronze top.

3) Elsewhere similar to Smith #2320 (3"), #2340 (larger).

5. Insulations:

1) Insulate all domestic water piping.

2) Insulation thickness will be minimum 1" for horizontal mains, ½" for water branch piping and risers.

3) Adhesive will be as manufactured by Benjamin Foster (B-F); Insul-Coustic (I-C), or Minnesota Mining and Manufacturing Company.

4) Staples will not be used.

5) All sleeves in equipment rooms will project a minimum of 2" above floor slab.

6) Insulation jackets: All exposed and concealed insulated piping to have all service jacket similar to Owens-Corning Fiberglass ASJ 25 with self-sealing lap and joint sealing strips.

7) Provide metal insulation protection shield between insulation surface and hanger.

8) Fitting and valve insulation will be same type and thickness as adjacent piping.

9) Certain-Teed, or Johns-Manville may be submitted for approval where Owens-Corning has been indicated.

10) For hot water and hot water recirculation piping, glass fiber insulation will be of the one piece type having a density of approximately 4 pounds per cubic foot.

11) For cold water piping and storm piping glass fiber insulation will be 4-pound density sectional pipe insulation with white fire retardant vapor barrier jacket factory applied with self-sealing lap and self-sealing strips.

12) Finish: Factory attached, pre-sized glass cloth jacket. Fittings will be finished with fitting cloth lapping fitting and adjoining pipe insulation. Cloth to be smoothly adhered and coated with lagging adhesive.

6. General Items:

1) Vibration Isolation: Provide spring and rubber in-shear isolators in piping supports for distance of 50 feet from rotating equipment

2) Painting: Hangers and supports, and exposed black steel and cast iron piping, and steel and iron work; primed with zinc chromate. All piping in the MER will be painted and where exposed to view.

3) Escutcheons: Provide exposed piping, both bare and covered, with CP cast brass or CI escutcheons where passing through floors, ceilings, wall or partitions.

4) Access Doors: Provide concealed valves (except in removable pan ceilings) with adequate sized steel access doors. Minimum size 12" x 12".

5) Support piping as required by Code. For horizontal piping, "Clevis" hangers or trapeze for multiple lines. Provide protection shields on insulated piping.

Provide instrumentation gauges and thermometer at equipment locations.

4. FIRE PROTECTION

A. General:

1) The fire protection systems include the following:

a) A wet sprinkler system.

b) The fire protection systems will be coordinated with the building architectural features and functional requirements in all areas.

c) The building standards for materials, methods and systems will be adhered to Rutgers University Standards, NFPA 13 and Rutgers University's insurance carrier.

B. Sprinkler systems:

1) The sprinkler system will be fed from existing 3" control valve provided by the building.

2) The systems will be designed and hydraulically calculated in accordance with the following criteria:

a) Classification: Light hazard

1) Coverage: 225 square feet per head

2) Density: 0.10 gpm per square foot

3) Area of application: 1,500 square foot

4) Spaces: Offices, and public areas.

5) 250-gpm hose stream.

b) Classification: Ordinary hazard

1) Coverage: 130 square feet per head

2) Density: 0.15 gpm per square foot

3) Area of application: 1,500 square foot

4) Spaces: Storage rooms and mechanical rooms.

5) 250 gpm hose stream

3) The distribution piping for the sprinkler systems will be Schedule 40 black steel pipe with malleable iron fittings.

4) Branch piping may be schedule 40 with threaded fittings.

5) Sprinkler heads will be recessed types with concealed cover plate that will be installed in the centerline of the ceiling grid.

C. Fire Protection Equipment, Material And Installation

1) Materials and equipment for the automatic sprinkler system will meet requirements and be approved by the National Fire Protection Association (NFPA), Factory Mutual Fire Insurance Companies, and Owner's insurance underwriter

2) Sprinkler Heads: Quick response concealed automatic sprinklers located throughout. Manufacturer: Reliable Sprinklers.

3) Signs: Provide identification signs of the standard design adopted by the automatic sprinkler industry. Attached signs to all valves, drains, test connections, etc., all in accordance with the rules and regulations of the building and fire department and all other authorities having jurisdiction.

4) Fire extinguishers: Red glossy polyester coated steel cylinder with pressure gauge, and hose. Extinguisher will be a five (5) pound multipurpose dry chemical unit with a UL rating of 2A:10B:C.

D. Supports:

All piping supports will be securely anchored to the building structural system.

1) Provide all supplementary steel and/or anchors required to properly support the fire protection systems.

2) Install all seismic restraints in compliance with New Jersey State seismic code.

E. Systems identification:

1) All valves will be provided with security fastened 2-inch diameter brass tags indicating valve number and service. The tag information and valve locations will be displayed in a permanently mounted chart.

2) All piping will be provided with identification markings at regular intervals for service and direction of flow.

3) All equipment will clearly label as to its function and service.

4) All exposed fire protection piping will be finished painted red in color.

F. Penetrations:

1) All penetrations through fire rated assemblies will be thoroughly sealed with a UL approved firestopping method.

2) All slab penetrations will be fitted with escutcheon plates.

G. All controls for the fire protection system will be connected to the fire alarm system.

All fire protection systems will be tested in accordance with the applicable codes for integrity and operation.

5. ELECTRICAL

A. General:

1) The Electrical systems will include the following:

a) Electrical distribution from existing panel HP-R-D

b) Convenience receptacles located throughout the entire floor.

c) Dedicated receptacles located based on the new layout of the area.

d) Lighting

e) Wiring Systems and Raceways

f) Fire alarm devices

2) All equipment and materials shall be new, UL listed and shall conform to NEMA, National Electrical Code (NEC) and any additional testing and construction requirements established by the governing Authorities. And shall be guaranteed for 1 year subsequent to final acceptance.

3) Provide all necessary cable support boxes, pullboxes and conduit supports as indicated and as required by applicable Codes. All low tension conduit, fire alarm conduit, etc. which have runs in excess of 100feet in length and / or constraining bends in excess of 180mdegrees shall be provided with a pullbox. All pullboxes shall be labelled for their intended use or voltage level, and all wire and cable provided shall be tagged.

4) Outlet, pull and junction boxes shall be 12 gauge steel minimum with removable knockouts.

B. Receptacles:

1) Convenience receptacles will be provided in all common areas of the building. The receptacles will be two-prong grounding receptacles and will be installed about 18 inches above the finished floor.

2) Receptacles installed outdoors, in wet areas and within 6 feet of a sink or other plumbing fixture will be ground fault interrupting type.

3) Dedicated equipment receptacles will be provided where required by the layout. The NEMA rating of the receptacles will be coordinated for each outlet.

C. Lighting:

1) Lighting throughout the interior building spaces will meet the current IES recommended lighting levels.

2) LED Lighting throughout.

3) Exit luminaries will be LED type with integral battery backup.

4) Exact location and mounting height of all lighting fixtures, switches, wall outlets, etc, shall be in accordance with the architectural drawings.

5) Lighting control within normally occupied common spaces, multi-level switching will be provided in conjunction with occupancy sensors and will utilize two or more

a) manual wall switches.

6) Occupancy sensor shall be dual technology type. Ceiling mounted and/or wall mounted depending on the space or room being controlled.

D. Wiring Systems and Raceways:

1) For administrative and public areas, concealed wiring for normal power lighting and receptacle branch circuits will use MC Cable.

2) Minimum size for conduit will be 3/4" for power and 1" for telecommunications.

E. Grounding System:

1) A new grounding system will be provided for the building.

2) Provide ground bus in all new panels and electrical system.

3) All feeders and branch circuits will have a separate, insulated equipment ground conductor.

F. Telephone System:

1) A new telephone rack, outlets and empty conduits will be provided for the space.

G. Security System:

1) A new Closed Circuit Television System (CCTV) will be provided. The system will include:

a) CCTV cameras at the entrances, waiting area, corridor.

b) Electrified door hardware in coordination with the door hardware manufacturer.

c) Access control components such as card readers, electric strikes and associated devices.

H. Fire Alarm System:

1) The following new devices will be provided in the area:

a) Smoke detectors will be installed where required by the code.

b) Manual pull stations will be provided at all legal exits in the building and as required to meet code travel limitations.

c) Visual and audible devices such as horns and strobe lights will be provided in hallways and places of assembly. In addition, strobe lights will be provided in all toilets and Exam rooms. All strobe lights will be synchronized at this floor.

2) The new fire alarm devices will be connected to the existing Fire Alarm Panel. Final connection to the panel will be by the building Fire Alarm vendor.

Describe existing and or new work for fire detection, alarm, and communication systems: Click here to enter text.
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov, and describe the work to mitigate damage and maintain operations during a flood event. Not Applicable
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No
Does the project comply with ADA? If no, list all areas of noncompliance. Yes
Other pertinent information: Not Applicable

Project Work Area	**Response**
Type of Work	Choose an item.
Square footages of existing areas, existing floor and or existing building.	Building 360,752 SF Floor 18,503 SF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	8750 SF work area

Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)
Building Height	115 feet
Building Number of Stories	10 stories
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Not Applicable
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	Not Applicable
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	No
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for **CONTINGENT APPROVAL**	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for **CONTINGENCY SATISFACTION**	**Title of Attachment**	**File Name in PDF format**
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

IDAG CLINIC RELOCATION

ISSUED FOR DOH APPROVAL - 08-29-2023

1601 SURF AVENUE
BROOKLYN, NY 11224

RELATED DOB APPLICATIONS

MECHANICAL SYSTEMS DOB #B00904359-S1

PLUMBING DOB #B00904359-S2

SPRINKLER DOB #B00904359-S3

*FIRE ALARM APPLICATION TO BE FILED SEPERATELY WITH FDNY

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- FINAL 28-116.2.4.2 DIRECTIVE 14 OF 1975 (BC 110.5)

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*SEE ENGINEERING DRAWINGS FOR ADDITIONAL REQUIRED INSPECTIONS

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- LOCAL LAW 126/2021

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- LOCAL LAW 126/2021

FUEL GAS: 2022 NEW YORK CITY FUEL GAS CODE
- LOCAL LAW 126/2021

FIRE: NEW YORK CITY FIRE CODE 2022
- LOCAL LAW 126/2021

FIRE SUPRESSION: NFPA 13-2016
- MODIFIED FOR NYC APPENDIX Q OF THE NYCBC-2022

STANDPIPE AND HOSE SYSTEMS: NFPA 14-2016
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STATIONARY FIRE PUMPS: NFPA 20-2016
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FIRE ALARMS: NFPA 72-2016
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16. FLOOR FINISHES SHALL COMPLY WITH SECTION 804
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18. THIS WORK COMPLIES WITH LOCAL LAW 5/73, LOCAL LAW 16/84 AND LOCAL LAW 55/87

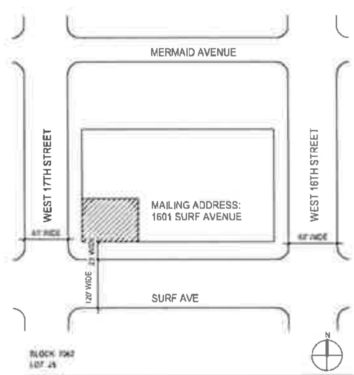
19. THE BUILDING IS CURRENTLY LOCATED IN A ZONE AE (EL 10) SPECIAL FLOOD HAZARD AREA ZONE WITH A BASE FLOOD ELEVATION OF +11'-0" MEASURED FROM THE NAVD 1988 DATUM PER EFFECTIVE FIRM. THE APPLICANT HAS BEEN ADVISED BY THE DOB AND ACKNOWLEDGES THAT THE BUILDING IS NOW LOCATED IN ZONE AE (EL 11) WITH A BASE FLOOD ELEVATION OF (+11')+1 =12'-0" PER FEMA PRELIMINARY FLOOD MAPS RELEASED IN 2015

BLDG RULES AND REGS

1. GENERAL CONTRACTOR TO OBTAIN COPY OF BUILDING RULES AND REGULATIONS AND FOLLOW BUILDING STANDARDS DURING ENTIRE PROJECT CONSTRUCTION. U.O.N
2. GENERAL CONTRACTOR SHALL COMPLY WITH BUILDING NOISE RESTRICTIONS AND PERFORM ALL DRILLING, SHOOTING, CUTTING ETC. BEFORE 8AM FROM MONDAY THRU FRIDAY
3. REFER TO SPECIFICATION MANUAL FOR ADDITIONAL INFORMATION

TENANT PROTECTION NOTES

1. ALL WORK TO BE PERFORMED IN ACCORDANCE WITH THE NEW YORK CITY BUILDING CODE, ARTICLE 19, AND REGULATIONS OF ALL OTHER AGENCIES HAVING JURISDICTION
2. ALL EXISTING MEANS OF EGRESS FOR TENANTS OF THE BUILDING ARE TO BE MAINTAINED CLEAR AND FREE OF ALL OBSTRUCTIONS
3. ALL BUILDING MATERIALS IN THE CONSTRUCTION AREA ARE TO BE SECURED IN A LOCKED AREA. THE OWNER ASSUMES NO RESPONSIBILITY FOR THE SAFE KEEPING OF BUILDING MATERIALS
4. CONTRACTOR TO PROVIDE ADEQUATE TEMPORARY SHORING AND BRACING WHENEVER STRUCTURAL WORK IS REQUIRED
5. CONSTRUCTION OPERATIONS SHALL NOT INVOLVE INTERRUPTION OF HEATING, WATER, ELECTRICAL WITHOUT PROPER PRIOR CONSENT



BLOCK 7062
LOT 45

ZONING DISTRICT: R7X/C2-4
ZONING MAP: 28D

EXISTING ZONING USE: COMMERCIAL
PROPOSED ZONING USE: COMMERCIAL

(1) PLOT PLAN
SCALE: 1" = 50'-0"

DRAWING INDEX

DWG #	DOB REV NUMBER	DRAWING DESCRIPTION	2023-03-10 - ISSUED FOR DESIGN DEVELOPMENT	2023-04-21 ISSUED FOR PERMIT	2023-06-01 ISSUED FOR DOB APPROVAL	2023-08-29 ISSUE FOR DOH APPROVAL
ARCHITECTURE						
G-000	00	COVER SHEET	•	•	•	•
G-001	00	DRAWING INDEX AND GENERAL NOTES	•	•	•	•
G-002	00	FLOOD ZONE MAPS - 1		•	•	•
G-003	00	FLOOD ZONE MAPS - 2		•	•	•
G-025	00	ADA DETAILS	•	•	•	•
G-154	00	FIRESTOPPING AT JOINTS	•	•	•	•
G-155	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-156	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-157	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-158	00	FIRESTOPPING AT GYPSUM WALLS	•	•	•	•
G-159	00	FIRESTOPPING AT GYPSUM WALLS	•	•	•	•
A-010	00	LIFE SAFETY PLAN	•	•	•	•
A-100	00	CONSTRUCTION PLAN - BASEMENT	•	•	•	•
A-120	00	REFLECTED CEILING PLAN - BASEMENT	•	•	•	•
A-130	00	POWER & DATA PLAN - BASEMENT	•	•	•	•
A-140	00	FINISH PLAN - BASEMENT	•	•	•	•
A-141	00	FIXTURE AND EQUIPMENT SCHEDULES		•	•	•
A-150	00	FURNITURE PLAN			•	•
A-205	00	INTERIOR ELEVATIONS		•	•	•
A-201	00	ENLARGED PLANS AND ELEVATIONS		•	•	•
A-202	00	ENLARGED TOILET PLANS AND ELEVATIONS		•	•	•
A-400	00	MILLWORK DETAILS	•	•	•	•
A-401	00	MILLWORK DETAILS	•	•	•	•
A-410	00	WALL DETAILS		•	•	•
A-420	00	CEILING DETAILS	•	•	•	•
A-800	00	PARTITION TYPES	•	•	•	•
A-850	00	DOOR SCHEDULE	•	•	•	•
MECHANICAL						
M-001	00	HVAC - SYMBOLS AND ABBREVIATIONS LISTS	•			•
M-002	00	HVAC - NOTES SHEET 1	•			•
M-003	00	HVAC - NOTES SHEET 2	•			•
M-004	00	HVAC - NOTES SHEET 3	•			•
M-005	00	HVAC - SCHEDULES SHEET 1	•			•
M-101	00	HVAC - FIRST FLOOR CONSTRUCTION PLAN	•			•
M-401	00	HVAC - DETAILS SHEET 1	•			•
M-402	00	HVAC - DETAILS SHEET 2	•			•
M-403	00	HVAC - DETAILS SHEET 3	•			•
PLUMBING						
P-001	00	PLUMBING SYMBOLS, NOTES AND ABBREVIATIONS	•			•
P-002	00	PLUMBING SCHEDULES	•			•
P-101	00	PLUMBING FLOOR PLAN	•			•
P-301	00	PLUMBING DETAILS	•			•
ELECTRICAL						
DE-101	00	ELECTRICAL DEMOLITION POWER & LIGHTING GROUND FLOOR PLAN	•			•
E-001	00	ELECTRICAL SYMBOLS, ABBREVIATIONS	•			•
E-002	00	ELECTRICAL GENERAL AND DEMOLITION NOTES	•			•
E-101	00	ELECTRICAL LIGHTING GROUND FLOOR PLAN	•			•
E-102	00	ELECTRICAL POWER AND DATA GROUND FLOOR PLAN	•			•
E-103	00	ELECTRICAL SECURITY SYSTEM GROUND FLOOR PLAN	•			•
E-401	00	ELECTRICAL ONE LINE DIAGRAM	•			•
E-501	00	ELECTRICAL PANEL SCHEDULE	•			•
E-701	00	ELECTRICAL DETAILS 1 OF 2	•			•
E-702	00	ELECTRICAL DETAILS 2 OF 2	•			•
FIRE ALARM						
FA-001	00	FIRE ALARM SYMBOLS, ABBREVIATIONS, & GENERAL NOTES	•			•
FA-101	00	FIRE ALARM GROUND FLOOR PLAN	•			•
SPRINKLER						
SP-001	00	SPRINKLER SYMBOLS ABBREVIATIONS AND NOTES	•			•
SP-101	00	SPRINKLER FLOOR PLAN	•			•
SP-201	00	SPRINKLER SCHEDULE	•			•
SP-301	00	SPRINKLER DETAIL SHEET	•			•

DOB APPROVAL STAMP

DOB BSCAN STICKER

NYC HEALTH + HOSPITALS

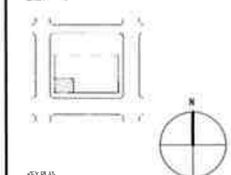
IDAG CLINIC RELOCATION

NYC HEALTH + HOSPITALS

1601 SURF AVENUE, BROOKLYN, NY

MANCINI DUFFY

MEP ENGINEER
IAO SYSTEMS INC
Consulting Engineers
555 8th Avenue, Suite 1522
New York, NY 10018



KEY PLAN

NO.	DATE	ISSUE / REVISION
4	2023-08-29	ISSUED FOR DOH APPROVAL
3	2023-06-01	ISSUED FOR DOB APPROVAL
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1	2023-03-10	ISSUED FOR DESIGN DEVELOPMENT

DOB JOB NUMBER: B00904359-I1

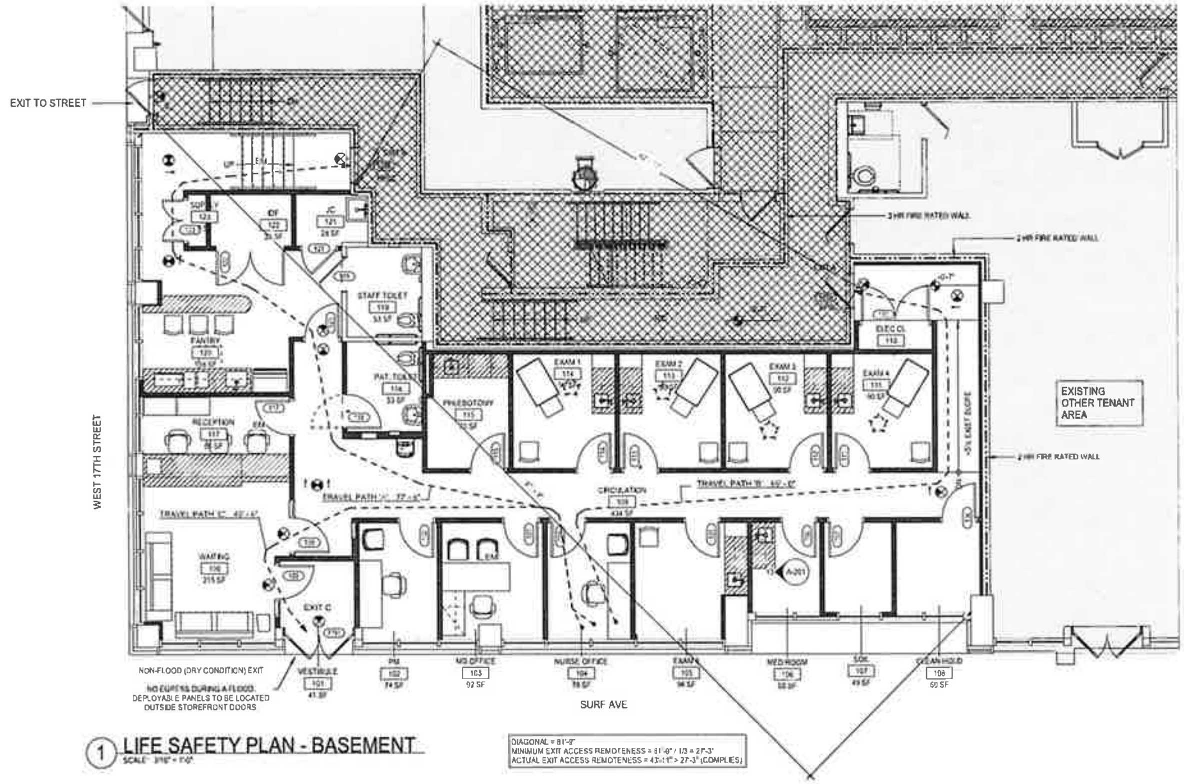
DRAWING TITLE: COVER SHEET

DRAWING NUMBER: G-000 .00

ARCHITECT OF RECORD: WILLIAM S. MANDARA

DRAWING SCALE: AS NOTED

1 OF 27



(1) LIFE SAFETY PLAN - BASEMENT

SCALE: 3/16" = 1'-0"

DIAGONAL = 81'-9"
MINIMUM EXIT ACCESS REMOTENESS = 81'-9" / 1/3 = 27'-3"
ACTUAL EXIT ACCESS REMOTENESS = 43'-11" > 27'-3" (COMPLIES)

AREA OF WORK SCOPE OF WORK:
INTERIOR FIT OUT FOR RELOCATION OF DIAGNOSTIC AND TREATMENT CENTER

NO CHANGE IN USE, EGRESS OR OCCUPANCY

MAXIMUM TRAVEL DISTANCE (SPRINKLERED)

OCCUPANCY GROUP CLASSIFICATION	MAXIMUM TRAVEL DISTANCE – 300 FT		
	PATH "A"	PATH "B"	PATH "C"
"B" BUSINESS	17'-6"	66'-0"	45'-6"

APPLICABLE ADDITIONAL CODE REFERENCES FOR NEW YORK STATE DEPARTMENT OF HEALTH:
1. GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTHCARE FACILITIES 2018
SECTION 3.2 PRIMARY CARE OUTPATIENT FACILITIES
2. NFPA LIFE SAFETY CODE 101 YEAR 2012

ADDITIONAL NOTES:

1. ALL DOORS AT FIRE RATED PARTITIONS SHALL BE F.P.S.C. DOORS
2. AREA OF PROJECT WILL BE FULLY SPRINKLERED
3. BUILDING IS FULLY SPRINKLERED
4. ALL CORRIDORS SHALL BE CONSTRUCTED TO RESIST THE PASSAGE OF SMOKE WITH MINIMUM OF ONE LAYER GWB ON ONE SIDE TO STRUCTURE ABOVE. ALL PENETRATIONS SEALED WITH SMOKE STOP SEALANT

EGRESS DOOR CAPACITY

EGRESS ACCESS DOOR	DOOR WIDTH	MULTIPLIER	EGRESS CAPACITY PER DOOR = DOOR WIDTH/ MULTIPLIER	REMARKS
110A	3'-0"	0.2	36 / 0.2 = 180 PERSONS	EXIT "A"
123B	3'-0"	0.2	36 / 0.2 = 180 PERSONS	EXIT "B"
F795	3'-0"	0.2	72 / 0.2 = 360 PERSONS	EXIT "C"

MAXIMUM ALLOWABLE EGRESS CAPACITY FOR FLOOR 1 BASED ON DOOR WIDTH IS **720 PERSONS** > 22 PERSONS ACTUAL (COMPLIES) REFER TO SHEET G-001.

PLUMBING FIXTURES

	WATER CLOSETS		LAVATORIES		DRINKING FOUNTAINS	SERVICE SINK
	MALE	FEMALE	MALE	FEMALE		
CODE REQUIREMENTS FOR "B" OCCUPANCY	*1 per 25 2 per 26-50 3 per 51-75 1 for ea additional 50*		*1 per 25 2 per 26-50 3 per 51-75 1 for ea additional 50*		*1 per 100*	1
MINIMUM REQUIRED FOR 22 PERSONS	2		2		1	1
QTY OF FIXTURES TO BE ADDED	2		2		1	1

MAXIMUM ALLOWABLE CAPACITY FOR TENANT SPACE BASED ON PLUMBING FIXTURES IS **45 PERSONS**

EGRESS PLAN NOTES

1. EXIT DOORS SHALL BE READILY OPENED AT ALL TIMES FROM THE SIDE FROM WHICH EGRESS IS MADE AND SHALL BE OPENED FROM THE STAIR SIDE TO PERMIT REENTRY AT EACH FLOOR. DOORS MAY BE LOCKED TO PREVENT ACCESS TO THE STAIRS FROM THE BUILDING EXTERIOR AT STREET LEVEL.
2. ALL EXIT SIGNS SHALL BE KEPT READILY ACCESSIBLE AND UNOBSTRUCTED AT ALL TIMES.
3. ILLUMINATION OF AT LEAST 1 FOOTCANDLE MEASURED AT FLOOR LEVEL SHALL BE MAINTAINED CONTINUOUSLY, DURING OCCUPANCY, IN EXITS AND THEIR ACCESS FACILITIES.
4. EXIT LIGHTS AND SIGNS SHALL BE PROVIDED AT ALL REQUIRED EXIT STAIRS AND PASSAGES WITH A BATTERY BACKUP.
5. THE LOCATION OF EACH EXIT ON EVERY FLOOR SHALL BE CLEARLY INDICATED BY EXIT SIGNS. EXIT OPENING DIRECTIONAL SIGNS SHALL BE LOCATED TO SERVE AS A GUIDE FROM ALL PORTIONS OF THE CORRIDOR OR FLOOR TO THE NEAREST EXIT.
6. EXIT SIGNS SHALL BE INTERNALLY LIGHTED, HAVING AN INITIAL BRIGHTNESS OF AT LEAST 25 FOOT-LAMBERTS. LETTERS SHALL BE RED. THE BACKGROUND SHALL BE WHITE. LETTERS SHALL BE BLOCK LETTERING AT LEAST 4 1/2" HIGH WITH 9/16" STROKES.
7. ALL DOORS ALONG AN EGRESS PATH SHALL BE 7'-0" HIGH MINIMUM. SEE DOOR SCHEDULE FOR HEIGHT.
8. CORRIDORS AND EXIT PASSAGEWAYS SHALL HAVE A CLEAR HEIGHT OF 7'-6" MINIMUM FOR AT LEAST 75% OF THE FLOOR AREA, WITH NO POINT LESS THAN 7'-0" IN HEIGHT. PROJECTIONS BELOW THE CEILING SHALL NOT OBSTRUCT FULL VIEW OF EXIT SIGNS.
9. NEW EXIT LIGHTS AND SIGNS SHALL BE PROVIDED AT ALL REQUIRED NEW EXIT STAIRS AND PASSAGES WITH SEPARATE ELECTRIC CIRCUIT TAKEN OFF AHEAD OF THE MAIN SWITCHBOARD, OR WITH A BATTERY BACKUP.
10. ALL DOORS TO REQUIRED EXIT STAIRS AND PASSAGES SHALL CONFORM TO APPLICABLE BUILDING CODES.
11. ALL DOORS AT EGRESS STAIRS SHALL BE 1 1/2 HOUR-RATED, UNLESS OTHERWISE NOTED.

REFER TO SHEET G-001 FOR ADDITIONAL CODE ANALYSIS

EGRESS PLAN LEGEND

SYMBOL	DESCRIPTION
	EXISTING DOOR TO REMAIN
	NEW DOOR
	EXISTING PARTITION TO REMAIN
	NEW PARTITION
	1 HR FIRE RATED WALL
	1 HR SMOKE PARITION
	2 HR FIRE RATED WALL
	3 HR FIRE RATED WALL
OFFICE / F101 / 150 SF / XXX PERSONS	ROOM TAG: ROOM NAME, ROOM NUMBER, ROOM AREA, NUMBER OF OCCUPANTS

SYMBOL	DESCRIPTION
NOTE: FOR ALL SHADE DENOTES OR	
	WALL MOUNTED FIRE EXTINGUISHER
FE	RECESSED FIRE EXTINGUISHER
	PRIMARY PATH OF EGRESS
	1HR RATED AREA
	2HR RATED AREA
FPSC	FIRE PROOF SELF CLOSING

DOB APPROVAL STAMP

DOB BSCAN STICKER

NYC HEALTH+ HOSPITALS

IDAG CLINIC RELOCATION

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1601 SURF AVENUE, BROOKLYN, NY

MANCINI: DUFFY
HALSEY MCCORMACK & HELMER INC ARCHITECTS
529 5TH AVENUE, 23RD FLOOR
NEW YORK NY 10018

MEP ENGINEER
IAD SYSTEMS INC
Consulting Engineers
555 8th Avenue, Suite 1512
New York, NY 10018

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DOB JOB NUMBER: B00904359-I1

DRAWING TITLE: LIFE SAFETY PLAN

DRAWING NUMBER: A-010 .00

ARCHITECT OF RECORD: WILLIAM S. MANDARA, LIC # 030397

SEAL: REGISTERED ARCHITECT, STATE OF NEW YORK

DRAWING SCALE: AS NOTED

MD PROJECT NUMBER: 0232887010

IDAG CLINIC RELOCATION

ISSUED FOR DOH APPROVAL - 08-29-2023

1601 SURF AVENUE
BROOKLYN, NY 11224

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PLUMBING DOB #B00904359-S2

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17. THIS FLOOR IS FULLY SPRINKLERED. SPRINKLER SYSTEM INSTALLATION SHALL BE IN ACCORDANCE W/ NYC BC, CHAPTER 9 AND MODIFIED NFPA STANDARDS PER BC APPENDIX Q & CONNECTED TO A FIRE DEPARTMENT APPROVED CENTRAL MONITORING STATION. SPRINKLER WORK TO BE FILED UNDER A SEPARATE APPLICATION.
18. THIS WORK COMPLIES WITH LOCAL LAW 3/72, LOCAL LAW 16/84 AND LOCAL LAW 58/87.

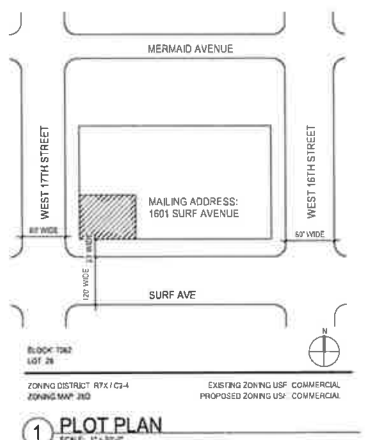
19. THE BUILDING IS CURRENTLY LOCATED IN A ZONE AE (EL 10) SPECIAL FLOOD HAZARD AREA ZONE WITH A BASE FLOOD ELEVATION OF +11'-0" MEASURED FROM THE NAVD 1988 DATUM PER EFFECTIVE FIRM. THE APPLICANT HAS BEEN ADVISED BY THE DOB AND ACKNOWLEDGES THAT THE BUILDING IS NOW LOCATED IN ZONE AE (EL 11) WITH A BASE FLOOD ELEVATION OF (+11')+1 =12'-0" PER FEMA PRELIMINARY FLOOD MAPS RELEASED IN 2015

BLDG RULES AND REGS

1. GENERAL CONTRACTOR TO OBTAIN COPY OF BUILDING RULES AND REGULATIONS AND FOLLOW BUILDING STANDARDS DURING ENTIRE PROJECT CONSTRUCTION, U.O.N.
2. GENERAL CONTRACTOR SHALL COMPLY WITH BUILDING NOISE RESTRICTIONS AND PERFORM ALL DRILLING, SHOOTING, CUTTING ETC. BEFORE 8AM FROM MONDAY THRU FRIDAY
3. REFER TO SPECIFICATION MANUAL FOR ADDITIONAL INFORMATION

TENANT PROTECTION NOTES

1. ALL WORK TO BE PERFORMED IN ACCORDANCE WITH THE NEW YORK CITY BUILDING CODE, ARTICLE 19, AND REGULATIONS OF ALL OTHER AGENCIES HAVING JURISDICTION
2. ALL EXISTING MEANS OF EGRESS FOR TENANTS OF THE BUILDING ARE TO BE MAINTAINED CLEAR AND FREE OF ALL OBSTRUCTIONS.
3. ALL BUILDING MATERIALS IN THE CONSTRUCTION AREA ARE TO BE SECURED IN A LOCKED AREA. THE OWNER ASSUMES NO RESPONSIBILITY FOR THE SAFE KEEPING OF BUILDING MATERIALS.
4. CONTRACTOR TO PROVIDE ADEQUATE TEMPORARY SHORING AND BRACING WHEREVER STRUCTURAL WORK IS REQUIRED.
5. CONSTRUCTION OPERATIONS SHALL NOT INVOLVE INTERRUPTION OF HEATING, WATER, ELECTRICAL WITHOUT PROPER PRIOR CONSENT.



(1) PLOT PLAN
SCALE: 1" = 50'-0"

DRAWING INDEX

DWG #	DOB REV NUMBER	DRAWING DESCRIPTION	2023-03-10 - ISSUED FOR DESIGN DEVELOPMENT	2023-04-21 ISSUED FOR PERMIT	2023-08-03 ISSUED FOR DOB APPROVAL	2023-08-29 ISSUE FOR DOH APPROVAL
ARCHITECTURE						
G-000	00	COVER SHEET	•	•	•	•
G-001	00	DRAWING INDEX AND GENERAL NOTES	•	•	•	•
G-002	00	FLOOD ZONE MAPS - 1		•	•	•
G-003	00	FLOOD ZONE MAPS - 2		•	•	•
G-020	00	ADA DETAILS	•	•	•	•
G-154	00	FIRESTOPPING AT JOINTS	•	•	•	•
G-155	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-156	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-157	00	FIRESTOPPING AT CONC. PENETRATIONS	•	•	•	•
G-158	00	FIRESTOPPING AT GYPSUM WALLS	•	•	•	•
G-159	00	FIRESTOPPING AT GYPSUM WALLS	•	•	•	•
A-010	00	LIFE SAFETY PLAN	•	•	•	•
A-100	00	CONSTRUCTION PLAN - BASEMENT	•	•	•	•
A-120	00	REFLECTED CEILING PLAN - BASEMENT	•	•	•	•
A-135	00	POWER & DATA PLAN - BASEMENT	•	•	•	•
A-140	00	FINISH PLAN - BASEMENT	•	•	•	•
A-141	00	FIXTURE AND EQUIPMENT SCHEDULES		•	•	•
A-155	00	FURNITURE PLAN			•	•
A-200	00	INTERIOR ELEVATIONS		•	•	•
A-201	00	ENLARGED PLANS AND ELEVATIONS		•	•	•
A-202	00	ENLARGED TOILET PLANS AND ELEVATIONS		•	•	•
A-400	00	MILLWORK DETAILS	•	•	•	•
A-401	00	MILLWORK DETAILS	•	•	•	•
A-415	00	WALL DETAILS		•	•	•
A-420	00	CEILING DETAILS	•	•	•	•
A-450	00	PARTITION TYPES	•	•	•	•
A-600	00	DOOR SCHEDULE	•	•	•	•
MECHANICAL						
M-001	00	HVAC - SYMBOLS AND ABBREVIATIONS LISTS	•			•
M-002	00	HVAC - NOTES SHEET 1	•			•
M-003	00	HVAC - NOTES SHEET 2	•			•
M-004	00	HVAC - NOTES SHEET 3	•			•
M-005	00	HVAC - SCHEDULES SHEET 1	•			•
M-101	00	HVAC - FIRST FLOOR CONSTRUCTION PLAN	•			•
M-401	00	HVAC - DETAILS SHEET 1	•			•
M-402	00	HVAC - DETAILS SHEET 2	•			•
M-403	00	HVAC - DETAILS SHEET 3	•			•
PLUMBING						
P-001	00	PLUMBING SYMBOLS, NOTES AND ABBREVIATIONS	•			•
P-002	00	PLUMBING SCHEDULES	•			•
P-101	00	PLUMBING FLOOR PLAN	•			•
P-301	00	PLUMBING DETAILS	•			•
ELECTRICAL						
DE-101	00	ELECTRICAL DEMOLITION POWER & LIGHTING GROUND FLOOR PLAN	•			•
E-001	00	ELECTRICAL SYMBOLS, ABBREVIATIONS	•			•
E-002	00	ELECTRICAL GENERAL AND DEMOLITION NOTES	•			•
E-101	00	ELECTRICAL LIGHTING GROUND FLOOR PLAN	•			•
E-102	00	ELECTRICAL POWER AND DATA GROUND FLOOR PLAN	•			•
E-103	00	ELECTRICAL SECURITY SYSTEM GROUND FLOOR PLAN	•			•
E-401	00	ELECTRICAL ONE LINE DIAGRAM	•			•
E-501	00	ELECTRICAL PANEL SCHEDULE	•			•
E-701	00	ELECTRICAL DETAILS 1 OF 2	•			•
E-702	00	ELECTRICAL DETAILS 2 OF 2	•			•
FIRE ALARM						
FA-001	00	FIRE ALARM SYMBOLS, ABBREVIATIONS, & GENERAL NOTES	•			•
FA-101	00	FIRE ALARM GROUND FLOOR PLAN	•			•
SPRINKLER						
SP-001	00	SPRINKLER SYMBOLS ABBREVIATIONS AND NOTES	•			•
SP-101	00	SPRINKLER FLOOR PLAN	•			•
SP-201	00	SPRINKLER SCHEDULE	•			•
SP-301	00	SPRINKLER DETAIL SHEET	•			•

DOB APPROVAL STAMP

DOB BSCAN STICKER

NYC HEALTH + HOSPITALS

IDAG CLINIC RELOCATION

NYC HEALTH + HOSPITALS
1601 SURF AVENUE, BROOKLYN, NY

MANCINI: DUFFY

HALSEY MCCORMACK & HELMER INC ARCHITECTS
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212.938.1260

MEP ENGINEER
IAQ SYSTEMS INC
Consulting Engineers
555 8th Avenue, Suite 1512
New York, NY 10018
(212) 563-6945

NO.	DATE	ISSUE / REVISION
4	2023-08-29	ISSUED FOR DOH APPROVAL
3	2023-08-03	ISSUED FOR DOB APPROVAL
2	2023-04-21	ISSUED FOR PERMIT
1	2023-03-10	ISSUED FOR DESIGN DEVELOPMENT

DOB JOB NUMBER: B00904359-I1

DRAWING TITLE: COVER SHEET

DRAWING NUMBER: G-000 .00

ARCHITECT OF RECORD: WILLIAM S. MANDARA, LIC. # 030387

SEAL: REGISTERED ARCHITECT, WILLIAM S. MANDARA, STATE OF NEW YORK

DRAWING SCALE: AS NOTED

MD PROJECT NUMBER: 02326670100

NYC DOB NUMBER: 1 OF 27

DRAWING INDEX

DWG #	DOB REVISION NUMBER	DRAWING DESCRIPTION	2023-11-06 ISSUED FOR DOH APPROVAL
ARCHITECTURE			
G-000	00	COVER SHEET	•
G-001	00	GENERAL NOTES	•
G-002	00	ADA DETAILS	•
G-154	00	FIRESTOPPING AT JOINTS	•
G-155	00	FIRESTOPPING AT CONC. PENETRATIONS	•
G-156	00	FIRESTOPPING AT CONC. PENETRATIONS	•
G-157	00	FIRESTOPPING AT CONC. PENETRATIONS	•
G-158	00	FIRESTOPPING AT GYPSUM WALLS	•
G-159	00	FIRESTOPPING AT GYPSUM WALLS	•
A-010	00	LIFE SAFETY PLAN	•
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A-150	00	FURNITURE PLAN	•
A-200	00	INTERIOR ELEVATIONS	•
A-202	00	ENLARGED TOILET PLANS AND ELEVATIONS	•
A-400	00	MILLWORK DETAILS	•
A-401	00	MILLWORK DETAILS	•
A-410	00	WALL DETAILS	•
A-420	00	CEILING DETAILS	•
A-500	00	PARTITION TYPES	•
A-510	00	DOOR SCHEDULE	•
A-511	00	DOOR HARDWARE SETS	•

IDAG CHEMICAL DEPENDENCY

ISSUED FOR DOH APPROVAL

11/06/2023

BUILDING DEPARTMENT NOTES

1. THIS IS A SINGLE TENANT BUSINESS USE.
2. THERE ARE NO CHANGES TO THE USE, OCCUPANCY, OR EGRESS AS PART OF THIS ALTERATION WORK DOCUMENTED HEREWITH.
3. THIS IS AN INTERIOR TENANT FIT OUT.
4. ALL WORK TO BE PERFORMED UNDER THIS APPLICATION & PERMIT SHALL COMPLY WITH THE 2022 NYC BUILDING CODE.
5. FIRE-RESISTANT RATED PARTITIONS SHALL EXTEND UP TO AND BE SECURED TO THE UNDERSIDE OF THE FLOOR STRUCTURE ABOVE.
6. PENETRATIONS THROUGH FIRE-RESISTANT RATED PARTITIONS & FLOORS SHALL BE PROTECTED IN COMPLIANCE WITH SECTION 714.
7. ALL NEW DOORS SHALL BE 3'-0" WIDE U.O.N. ALL HARDWARE TO BE LEVER TYPE.
8. ALL OPENING PROTECTIVE DOORS AND FRAMES IN FIRE-RESISTANT RATED EXIT ENCLOSURE, FIRE DIVISIONS AND FIRE SEPARATIONS SHALL BE SELF-CLOSING, SELF LATCHING. FIRE RATED SWINGING DOORS BEARING THE UNDERWRITERS LABORATORIES LABEL (UL LISTING)
9. ALL WOOD TO BE FIRE RETARDANT AS PER SECTION 2303.2
10. ENTIRE FLOOR AREA TO BE MECHANICALLY VENTILATED AS PER SECTION 1203
11. CONSTRUCTION OF HUNG CEILING TO COMPLY WITH SECTION 703.
12. ILLUMINATED EXIT SIGNS SHALL BE LOCATED AT ALL EXITS AND SUPPLEMENTAL DIRECTIONAL SIGNS SHALL BE INSTALLED WITHIN LARGE SPACES OR SPACES WITH OBSTRUCTED VIEWS IN ACCORDANCE WITH SECTION 1013
13. THE POWER SOURCE FOR EMERGENCY LIGHTING AND ILLUMINATED EXIT SIGNS SHALL COMPLY WITH SECTION 1008.
14. ALL CORRIDORS TO BE 3'-8" MIN. CLEAR WIDTH AS PER SECTION 1020.2
15. INTERIOR FINISHES SHALL COMPLY WITH SECTION 803 FOR FLAME SPREAD AND SMOKE DEVELOPED AND TABLES 803.11 FOR CLASS REQUIREMENTS.
16. FLOOR FINISHES SHALL COMPLY WITH SECTION 804.
17. THIS FLOOR IS FULLY SPRINKLERED. SPRINKLER SYSTEM INSTALLATION SHALL BE IN ACCORDANCE W/ NYC BC, CHAPTER 9 AND MODIFIED NFPA STANDARDS PER BC APPENDIX Q. & CONNECTED TO A FIRE DEPARTMENT APPROVED CENTRAL MONITORING STATION. SPRINKLER WORK TO BE FILED UNDER A SEPARATE APPLICATION.
18. THIS WORK COMPLIES WITH LOCAL LAW 5/73, LOCAL LAW 16/84 AND LOCAL LAW 55/87.
19. SPECIAL INSPECTIONS REQUIRED

- FIRESTOP, DRAFT STOP AND FIREBLOCK SYSTEMS (BC 1704.25)
- ENERGYCODE COMPLIANCE INSPECTIONS (BC 109.3.5)
  - LIGHTING CONTROLS
  - INTERIOR LIGHTING
- FIRE RESISTANCE RATED CONSTRUCTION (BC 109.3.4)
- FINAL INSPECTION SIGN-OFF PER DIRECTIVE 14 OF 1975

20. SEE ENGINEERING DRAWINGS FOR ADDITIONAL REQUIRED SPECIAL INSPECTIONS

21. THE BUILDING IS CURRENTLY LOCATED IN A ZONE AE (EL 10) SPECIAL FLOOD HAZARD AREA ZONE WITH A BASE FLOOD ELEVATION OF +11'-0" MEASURED FROM THE NAVD 1988 DATUM PER EFFECTIVE FIRM. THE APPLICANT HAS BEEN ADVISED BY THE DOB AND ACKNOWLEDGES THAT THE BUILDING IS NOW LOCATED IN ZONE AE (EL 11) WITH A BASE FLOOD ELEVATION OF (+11')+1'=12'-0" PER FEMA PRELIMINARY FLOOD MAPS RELEASED IN 2015.

BLDG RULES AND REGS

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2. GENERAL CONTRACTOR SHALL COMPLY WITH BUILDING NOISE RESTRICTIONS AND PERFORM ALL DRILLING, SHOOTING, CUTTING ETC. BEFORE 8AM FROM MONDAY THRU FRIDAY
3. REFER TO SPECIFICATION MANUAL FOR ADDITIONAL INFORMATION.

TENANT PROTECTION NOTES

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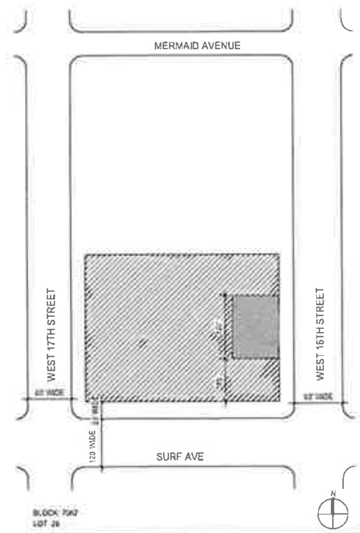
2. ALL EXISTING MEANS OF EGRESS FOR TENANTS OF THE BUILDING ARE TO BE MAINTAINED CLEAR AND FREE OF ALL OBSTRUCTIONS
3. ALL BUILDING MATERIALS IN THE CONSTRUCTION AREA ARE TO BE SECURED IN A LOCKED AREA. THE OWNER ASSUMES NO RESPONSIBILITY FOR THE SAFE KEEPING OF BUILDING MATERIALS.
4. CONTRACTOR TO PROVIDE ADEQUATE TEMPORARY SHORING AND BRACING WHEREVER STRUCTURAL WORK IS REQUIRED.
5. CONSTRUCTION OPERATIONS SHALL NOT INVOLVE INTERRUPTION OF HEATING, WATER, ELECTRICAL WITHOUT PROPER PRIOR CONSENT.



BLOCK: 7062
LOT: 26

ZONING DISTRICT: R7X / C2-4
ZONING MAP: 28D

EXISTING ZONING USE: COMMERCIAL
PROPOSED ZONING USE: COMMERCIAL

(1) PLOT PLAN
SCALE: 1" = 50'-0"

DOB APPROVAL STAMP

DOB BSCAN STICKER

NYC HEALTH + HOSPITALS
NYC H+H IDAG CHEMICAL DEPENDENCY PROGRAM

NYC HEALTH + HOSPITALS
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MANCINI DUFFY

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NEW YORK NY 10018
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MEP ENGINEER
IAD SYSTEMS INC
Consulting Engineers
555 8th Avenue, Suite 1502
New York, NY 10018
(212) 560-8545

KEY PLAN

NO.	DATE	ISSUE / REVISION
1	10/14/2023	100% DD / EARLY BID SET

DOB JOB NUMBER: XXXXXXXXX-XX

DRAWING TITLE: COVER SHEET

DRAWING NUMBER: G-000 .00

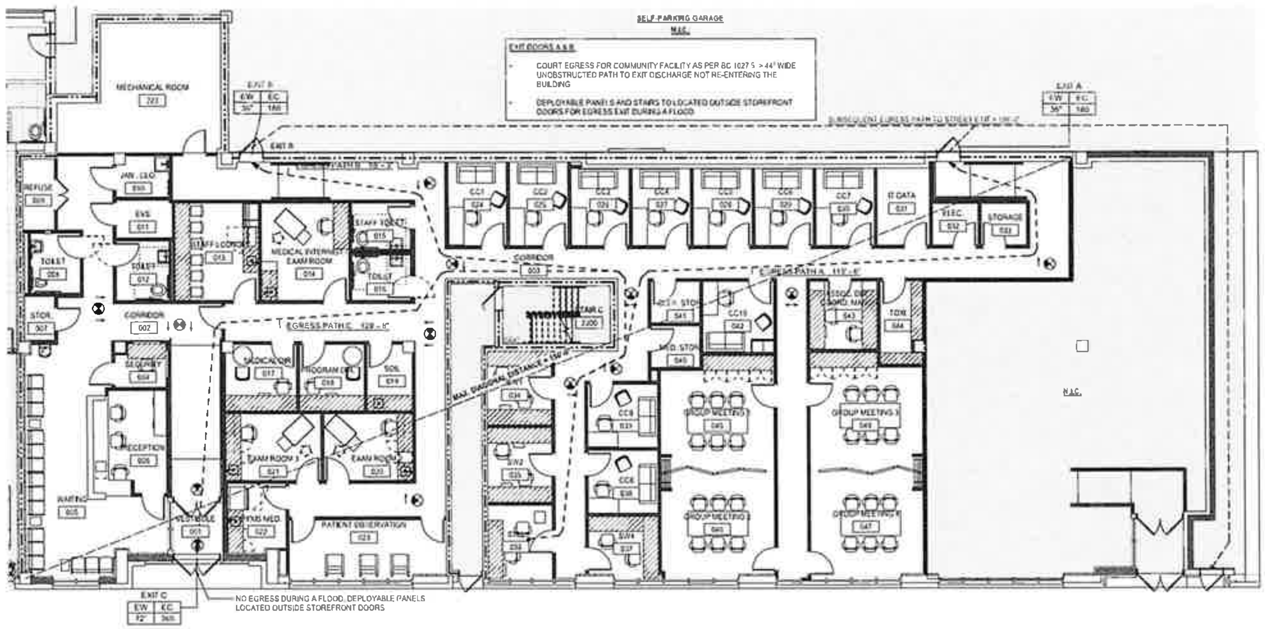
ARCHITECT OF RECORD: WILLIAM E. MANDARA, LIC. # 036307

SEAL

DRAWING SCALE: AS NOTED

MD PROJECT NUMBER: 03326570100

NYC DOB NUMBER: 1 OF 26



④ LIFE SAFETY PLAN
SCALE: 1/8" = 1'-0"

EGRESS PLAN NOTES

1. EXIT DOORS SHALL BE READILY OPENED AT ALL TIMES FROM THE SIDE FROM WHICH EGRESS IS MADE AND SHALL BE OPENED FROM THE STAIR SIDE TO PERMIT REENTRY AT EACH FLOOR. DOORS MAY BE LOCKED TO PREVENT ACCESS TO THE STAIRS FROM THE BUILDING EXTERIOR AT STREET LEVEL.
2. ALL EXIT SIGNS SHALL BE KEPT READILY ACCESSIBLE AND UNOBSTRUCTED AT ALL TIMES.
3. ILLUMINATION OF AT LEAST 1 FOOTCANDLE MEASURED AT FLOOR LEVEL SHALL BE MAINTAINED CONTINUOUSLY, DURING OCCUPANCY, IN EXITS AND THEIR ACCESS FACILITIES.
4. EXIT LIGHTS AND SIGNS SHALL BE PROVIDED AT ALL REQUIRED EXIT STAIRS AND PASSAGES WITH A BATTERY BACKUP.
5. THE LOCATION OF EACH EXIT ON EVERY FLOOR SHALL BE CLEARLY INDICATED BY EXIT SIGNS. EXIT OPENING DIRECTIONAL SIGNS SHALL BE LOCATED TO SERVE AS A GUIDE FROM ALL PORTIONS OF THE CORRIDOR OR FLOOR TO THE NEAREST EXIT.
6. EXIT SIGNS SHALL BE INTERNALLY LIGHTED, HAVING AN INITIAL BRIGHTNESS OF AT LEAST 25 FOOT-LAMBERTS. LETTERS SHALL BE RED. THE BACKGROUND SHALL BE WHITE. LETTERS SHALL BE BLOCK LETTERING, AT LEAST 4 1/2" HIGH WITH 9/16" STROKE.
7. ALL DOORS ALONG AN EGRESS PATH SHALL BE 7'-0" HIGH MINIMUM. SEE DOOR SCHEDULE FOR HEIGHT.
8. CORRIDORS AND EXIT PASSAGEWAYS SHALL HAVE A CLEAR HEIGHT OF 7'-6" MINIMUM FOR AT LEAST 75% OF THE FLOOR AREA, WITH NO POINT LESS THAN 7'-0" IN HEIGHT. PROJECTIONS BELOW THE CEILING SHALL NOT OBSTRUCT FULL VIEW OF EXIT SIGNS.
9. NEW EXIT LIGHTS AND SIGNS SHALL BE PROVIDED AT ALL REQUIRED NEW EXIT STAIRS AND PASSAGES WITH SEPARATE ELECTRIC CIRCUIT TAKEN OFF AHEAD OF THE MAIN SWITCHBOARD, OR WITH A BATTERY BACKUP.
10. ALL DOORS TO REQUIRED EXIT STAIRS AND PASSAGES SHALL CONFORM TO APPLICABLE BUILDING CODES.
11. ALL DOORS AT EGRESS STAIRS SHALL BE 1 1/2 HOUR RATED, UNLESS OTHERWISE NOTED.

EGRESS PLAN LEGEND

SYMBOL	DESCRIPTION
	EXISTING DOOR TO REMAIN
	NEW DOOR
	EXISTING PARTITION TO REMAIN
	NEW PARTITION
	1 HR FIRE RATED WALL
	1 HR SMOKE PARITION
	2 HR FIRE RATED WALL
	3 HR FIRE RATED WALL
OFFICE / FL01	ROOM TAG: ROOM NAME, ROOM NUMBER

NOTE: FOR ALL EXIT SIGN SYMBOLS SHADE DENOTES FACE READ. ARROW DENOTES DIRECTIONAL SIGN

SYMBOL	DESCRIPTION
	CEILING MOUNTED TWO-SIDED EXIT SIGN
	CEILING MOUNTED EXIT SIGN
	WALL MOUNTED EXIT SIGN
	WALL MOUNTED FIRE EXTINGUISHER
FE	RECESSED FIRE EXTINGUISHER
	PRIMARY PATH OF EGRESS

MAXIMUM TRAVEL DISTANCE (SPRINKERED)

OCCUPANCY GROUP CLASSIFICATION	MAXIMUM TRAVEL DISTANCE - 300 FT		
	PATH "A"	PATH "B"	PATH "C"
"B" BUSINESS	115'-6"	97'-3"	128'-6"

APPLICABLE ADDITIONAL CODE REFERENCES FOR NEW YORK STATE DEPARTMENT OF HEALTH

1. GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTHCARE FACILITIES, 2018 SECTION 3.2 PRIMARY CARE OUTPATIENT FACILITIES
2. NFPA, LIFE SAFETY CODE 101, YEAR 2012
3. SEE SHEET G-001 FOR ADDITIONAL CODE ANALYSIS NOTES

EXIT SEPARATION / REMOTENESS:

DIAGONAL DISTANCE = 150'-0" X 1/3 EQUALS 50'-0" REQUIRED EXIT REMOTENESS
ACTUAL REMOTENESS IS 131'-1" > 50'-0" REQUIRED (COMPLIES)

ADDITIONAL NOTES:

1. ALL DOORS AT FIRE RATED PARTITIONS SHALL BE F.P.S.C. DOORS
2. AREA OF PROJECT WILL BE FULLY SPRINKLERED
3. BUILDING IS FULLY SPRINKLERED
4. ALL CORRIDORS SHALL BE CONSTRUCTED TO RESIST THE PASSAGE OF SMOKE WITH MINIMUM OF ONE LAYER GWB ON ONE SIDE TO STRUCTURE ABOVE. ALL PENETRATIONS SEALED WITH SMOKE STOP SEALANT

EGRESS DOOR CAPACITY

EGRESS ACCESS DOOR	DOOR WIDTH	MULTIPLIER	EGRESS CAPACITY PER DOOR = DOOR WIDTH/ MULTIPLIER
EXIT A	3'-0"	0.2	36 / 0.2 = 180 PERSONS
EXIT B	3'-0"	0.2	36 / 0.2 = 180 PERSONS
EXIT C	6'-0"	0.2	72 / 0.2 = 360 PERSONS

MAXIMUM ALLOWABLE EGRESS CAPACITY FOR FLOOR 1 BASED ON DOOR WIDTH IS **720 PERSONS > 47 PROPOSED OCCUPANTS (COMPLIES)**

PLUMBING FIXTURES

	WATER CLOSETS		LAVATORIES		DRINKING FOUNTAINS	SERVICE SINK
	MALE	FEMALE	MALE	FEMALE		
CODE REQUIREMENTS FOR "B" OCCUPANCY	1 per 20 2 per 21-45 3 per 46-70 1 for ea additional 50		1 per 25 2 per 26-50 3 per 51-75 1 for ea additional 60		1 per 100	1
MINIMUM REQUIRED FOR 22 PERSONS	2		2		1	1
QTY OF FIXTURES PROPOSED	2		2		1	1

MAXIMUM ALLOWABLE CAPACITY FOR TENANT SPACE BASED ON PLUMBING FIXTURES IS **58 PERSONS**

DOB APPROVAL STAMP

DOB BSCAN STICKER

NYC HEALTH + HOSPITALS

NYC H+H IDAG CHEMICAL DEPENDENCY PROGRAM

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KEY PLAN

NO.	DATE	ISSUE / REVISION

DOB JOB NUMBER XXXXXXXXX-XX

DRAWING TITLE
EGRESS PLAN

DRAWING NUMBER
A-010 .00

ARCHITECT OF RECORD: WILLIAM S. MANDARA, LIC. # 034037
SEAL

DRAWING SCALE: AS NOTED

MD PROJECT NUMBER: 02326670100

NYC DOB NUMBER: 12 OF 25

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date: August 22, 2023
CON Number:
Facility Name: NYC H+H/ Coney Island Hospital IDAG Clinics
Facility ID Number:
Facility Address: 2601 Ocean Pkwy, Brooklyn, NY 11235

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237
To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of construction documents and specifications for the aforementioned construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.

2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the programmatic requirements for the aforementioned and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.

3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):

    a. __712 (Standards of Construction for General Hospital Facilities)
    b. __713 (Standards of Construction for Nursing Home Facilities)
    c. __714 (Standards of Construction for Adult Day Health Care Program Facilities)
    d. X 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
    e. __716 (Standards of Construction for Rehabilitation Facilities)
    f. __717 (Standards of Construction for New Hospice Facilities and Units)

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

   This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

Project Name: IDAG Clinic Relocation

Location: 1601 Surf Avenue, Brooklyn, NY 11224

Description: Relocation of an existing primary care D&T Center

Signature of NYS Licensed Architect/Engineer

William Mandara

Name of Architect/Engineer (Print)

030307

Professional New York State License Number

Mancini Duffy, 520 Eighth Avenue, Suite 2300, NY, NY 10018

Business Street Address, City, State, Zip Code

Architectural or Engineering Professional Stamp

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant

3/4/2024 — Date

DANIEL COLLINS — Name (Print)

AED/FACILITIES — Title

Notary signing required for the applicant

STATE OF NEW YORK)
) SS:
County of Kings)

On the 4th day of March 2024, before me personally appeared DANIEL COLLINS, to me known, who being by me duly sworn, did depose and say that he/she is the AED of the SBH, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

JACKIE IRNI
NOTARY PUBLIC, STATE OF N.Y.
ID NO. 5078721
QUALIFIED IN KINGS COUNTY
COMMISSION EXPIRES November 23, 2027

Jackie Irni — 03/04/24 today's Date

(Notary)

Project Eligibility Checklist for Architectural/Engineering Self-Certification			
	Does the project include any of the following?	**YES** If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	**NO**
1.	Is a waiver or exceptions required?		x
2.	Will the project costs exceed $15,000,000.00 (fifteen million dollars.)?		X
3.	Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:		
	a. Hyperbaric Chambers		X
	b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:		
	Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft3 (793 m3) (NTP)] of nitrous oxide. (PIP)ground		
	Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft3 (566 m3) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)		
4.	Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following:		
	a. Observation Units for behavioral health in ED's.		
	b. Behavioral health located within inpatient settings.		X
	c. Nursing Homes or other facilities with Dementia Units that are locked.		
	d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.		
5.	Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.		X
	a. Endoscopy Procedure Rooms		
	b. Procedure Rooms		
	c. Operating Rooms		
	d. Interventional Imaging *i.* Located in procedure rooms *ii.* Located in operating rooms		
6.	Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:		X
	a. New Ambulatory Surgery Center		x
	b. Endoscopy Centers and or Other Procedure Rooms		X
	c. Free Standing Emergency Departments providing Definitive Care.		X
7.	Is this project intended to provide Ventilator units for patients located in nursing homes?		X
8.	Does this project involve Airborne infection isolation (AII) room?		X
9.	Does this project involve Protective environment (PE) room?		x

Schedule LRA 4/Schedule 7
CON Forms Regarding
Environmental issues

Contents:

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	**Yes**	**No**
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	☐	X
1.2	Does this plan involve construction and change land use or density?	☐	X
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	☐	X
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	☐	X
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	**Yes**	**No**
2.1	Does the project involve physical alteration of ten acres or more?	☐	X
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	☐	X
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	☐	X
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	☐	X
2.5	Will the project involve parking for 1,000 vehicles or more?	☐	X
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	☐	X
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	☐	X
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	☐	X
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	☐	X
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	☐	X
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	☐	X
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	☐	X
2.13	Will the project significantly affect drainage flow on adjacent sites?	☐	X

2.14	Will the project affect any threatened or endangered plants or animal species?	☐	X
2.15	Will the project result in a major adverse effect on air quality?	☐	X
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	☐	X
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	☐	X
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	☐	X
2.19	Will the project have any adverse impact on health or safety?	☐	X
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	☐	X
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	☐	X
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	☐	X
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	X	☐
Part III.		**Yes**	**No**
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	☐	X
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		Yes ☐	No X
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		Yes ☐	No ☐
Part IV.	**Storm and Flood Mitigation**			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		X	☐
	Moderate to Low Risk Area		Yes	No
	Zone	**Description**	☐	X
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	☐	

	C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	☐	
	High Risk Areas		**Yes**	**No**
	Zone	**Description**	X	☐
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	☐	
	AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	X	
	A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	☐	
	AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
	AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	☐	
	AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	☐	
	A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	☐	
	High Risk Coastal Area		**Yes**	**No**
	Zone	**Description**		
	In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
	Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	☐	X
	VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	☐	
	Undetermined Risk Area		**Yes**	**No**
	Zone	**Description**	☐	X

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		X	☐
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?	ZONE AE (EL11)		
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		X	☐
	If Yes, which floodplain?	100 Year	X	
		500 Year	☐	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

FEMA **Elevation_Certificate_**and Instructions

FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2019 EDITION

OMB No. 1660-0008
Expiration Date: November 30, 2022

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at https://www.fema.gov/media-library/assets/documents/3539?id=1727.

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name
Coney Island Associate Phase 2 LLC

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1607 Surf Avenue

Company NAIC Number:

City	State	ZIP Code
Brooklyn	New York	11224

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Block 7062 Lot 28

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential, Non-Residential

A5. Latitude/Longitude: Lat. 40°34'31.71"N Long. 73°59'3.98"W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1A

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) _____ sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A8.b _____ sq in

d) Engineered flood openings? ☐ Yes ☐ No

A9. For a building with an attached garage:

a) Square footage of attached garage _____ sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____

c) Total net area of flood openings in A9.b _____ sq in

d) Engineered flood openings? ☐ Yes ☐ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
City of New York 360497	Kings County	New York

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
0353	G	01-30-2015	01-30-2015	AE	11

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: 0

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date: _____ ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1607 Surf Avenue			Policy Number:
City Brooklyn	State New York	ZIP Code 11224	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☒ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: _____ Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	6.0	☒ feet	☐ meters
b) Top of the next higher floor	18.0	☒ feet	☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)		☐ feet	☐ meters
d) Attached garage (top of slab)		☐ feet	☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	7.8	☒ feet	☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.4	☒ feet	☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	9.1	☒ feet	☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6.4	☒ feet	☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☐ Yes ☒ No ☐ Check here if attachments.

Certifier's Name	License Number	
Sital Patel	028577	
Title Principal		
Company Name S9 Architecture and Engineering PC		
Address 322 8th Avenue		
City New York	State New York	ZIP Code 10001

Signature	Date	Telephone	Ext.
	06-07-2021	(212) 457-4077	

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

Gas Meter Room, Water Meter Room, and Telecom Room are below the Design Floor Elevation. The equipment is watertight and the boosters and Remote Reader will be placed above the Design Flood Elevation within the same room.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1607 Surf Avenue			Policy Number:
City Brooklyn	State New York	ZIP Code 11224	Company NAIC Number

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1607 Surf Avenue			Policy Number:
City Brooklyn	State New York	ZIP Code 11224	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name	Title
Community Name	**Telephone**
Signature	**Date**

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1607 Surf Avenue			Policy Number:
City Brooklyn	State New York	ZIP Code 11224	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One

Photo One

Photo One Caption

Clear Photo One

Photo Two

Photo Two

Photo Two Caption

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS
Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1607 Surf Avenue			Policy Number:
City Brooklyn	State New York	ZIP Code 11224	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB No. 1660-0008
Expiration Date: November 30, 2022

Instructions for Completing the Elevation Certificate

The Elevation Certificate is to be completed by a land surveyor, engineer, or architect who is authorized by law to certify elevation information when elevation information is required for Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. Community officials who are authorized by law or ordinance to provide floodplain management information may also complete this form. For Zones AO and A (without BFE), a community official, a property owner, or an owner's representative may provide information on this certificate, unless the elevations are intended for use in supporting a request for a LOMA or LOMR-F. Certified elevations must be included if the purpose of completing the Elevation Certificate is to obtain a LOMA or LOMR-F.

The property owner, the owner's representative, or local official who is authorized by law to administer the community floodplain ordinance can complete Section A and Section B. The partially completed form can then be given to the land surveyor, engineer, or architect to complete Section C. The land surveyor, engineer, or architect should verify the information provided by the property owner or owner's representative to ensure that this certificate is complete.

In Puerto Rico only, elevations for building information and flood hazard information may be entered in meters.

SECTION A – PROPERTY INFORMATION

Items A1–A4. This section identifies the building, its location, and its owner. Enter the name(s) of the building owner(s), the building's complete street address, and the lot and block numbers. If the building's address is different from the owner's address, enter the address of the building being certified. If the address is a rural route or a Post Office box number, enter the lot and block numbers, the tax parcel number, the legal description, or an abbreviated location description based on distance and direction from a fixed point of reference. For the purposes of this certificate, "building" means both a building and a manufactured (mobile) home.

A map may be attached to this certificate to show the location of the building on the property. A tax map, FIRM, or detailed community map is appropriate. If no map is available, provide a sketch of the property location, and the location of the building on the property. Include appropriate landmarks such as nearby roads, intersections, and bodies of water. For building use, indicate whether the building is residential, non-residential, an addition to an existing residential or non-residential building, an accessory building (e.g., garage), or other type of structure. Use the Comments area of the appropriate section if needed, or attach additional comments.

Item A5. Provide latitude and longitude coordinates for the center of the front of the building. Use either decimal degrees (e.g., 39.5043°, −110.7585°) or degrees, minutes, seconds (e.g., 39° 30' 15.5", −110° 45' 30.7") format. If decimal degrees are used, provide coordinates to at least 5 decimal places or better. When using degrees, minutes, seconds, provide seconds to at least 1 decimal place or better. The latitude and longitude coordinates must be accurate within 66 feet. When the latitude and longitude are provided by a surveyor, check the "Yes" box in Section D and indicate the method used to determine the latitude and longitude in the Comments area of Section D. If the Elevation Certificate is being certified by other than a licensed surveyor, engineer, or architect, this information is not required. Provide the type of datum used to obtain the latitude and longitude. FEMA prefers the use of NAD 1983.

Item A6. If the Elevation Certificate is being used to obtain flood insurance through the NFIP, the certifier must provide at least 2 photographs showing the front and rear of the building taken within 90 days from the date of certification. The photographs must be taken with views confirming the building description and diagram number provided in Section A. To the extent possible, these photographs should show the entire building including foundation. If the building has split-level or multi-level areas, provide at least 2 additional photographs showing side views of the building. In addition, when applicable, provide a photograph of the foundation showing a representative example of the flood openings or vents. All photographs must be in color and measure at least 3" × 3". Digital photographs are acceptable.

Item A7. Select the diagram on pages 7–9 that best represents the building. Then enter the diagram number and use the diagram to identify and determine the appropriate elevations requested in Items C2.a–h. If you are unsure of the correct diagram, select the diagram that most closely resembles the building being certified.

Item A8.a. Provide the square footage of the crawlspace or enclosure(s) below the lowest elevated floor of an elevated building with or without permanent flood openings. Take the measurement from the outside of the crawlspace or enclosure(s). Examples of elevated buildings constructed with crawlspace and enclosure(s) are shown in Diagrams 6–9

on pages 8–9. Diagrams 2A, 2B, 4, and 9 should be used for a building constructed with a crawlspace floor that is below the exterior grade on all sides.

Items A8.b–d. Enter in Item A8.b the number of permanent flood openings in the crawlspace or enclosure(s) that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. Estimate the total net area of all such permanent flood openings in square inches, excluding any bars, louvers, or other covers of the permanent flood openings, and enter the total in Item A8.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A8.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the crawlspace or enclosure(s) have no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A8.b–c.

Item A9.a. Provide the square footage of the attached garage with or without permanent flood openings. Take the measurement from the outside of the garage.

Items A9.b–d. Enter in Item A9.b the number of permanent flood openings in the attached garage that are no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. (A permanent flood opening is a flood vent or other opening that allows the free passage of water automatically in both directions without human intervention.) If the interior grade elevation is used, note this in the Comments area of Section D. This includes any openings that are in the garage door that are no higher than 1.0 foot above the adjacent grade. Estimate the total net area of all such permanent flood openings in square inches and enter the total in Item A9.c. If the net area cannot be reasonably estimated, provide the size of the flood openings without consideration of any covers and indicate in the Comments area the type of cover that exists in the flood openings. Indicate in Item A9.d whether the flood openings are engineered. If applicable, attach a copy of the Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES), if you have it. If the garage has no permanent flood openings, or if the openings are not within 1.0 foot above adjacent grade, enter "N/A" for not applicable in Items A9.b–c.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Complete the Elevation Certificate on the basis of the FIRM in effect at the time of the certification.

The information for Section B is obtained by reviewing the FIRM panel that includes the building's location. Information about the current FIRM is available from the Federal Emergency Management Agency (FEMA) by calling 1-800-358-9616. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR-F) has been issued by FEMA, please provide the letter date and case number in the Comments area of Section D or Section G, as appropriate.

For a building in an area that has been annexed by one community but is shown on another community's FIRM, enter the community name and 6-digit number of the annexing community in Item B1, the name of the county or new county, if necessary, in Item B2, and the FIRM index date for the annexing community in Item B6. Enter information from the actual FIRM panel that shows the building location, even if it is the FIRM for the previous jurisdiction, in Items B4, B5, B7, B8, and B9.

If the map in effect at the time of the building's construction was other than the current FIRM, and you have the past map information pertaining to the building, provide the information in the Comments area of Section D.

Item B1. NFIP Community Name & Community Number. Enter the complete name of the community in which the building is located and the associated 6-digit community number. For a newly incorporated community, use the name and 6-digit number of the new community. Under the NFIP, a "community" is any State or area or political subdivision thereof, or any Indian tribe or authorized native organization, that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. To determine the current community number, see the NFIP *Community Status Book*, available on FEMA's web site at https://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book, or call 1-800-358-9616.

Item B2. County Name. Enter the name of the county or counties in which the community is located. For an unincorporated area of a county, enter "unincorporated area." For an independent city, enter "independent city."

Item B3. State. Enter the 2-letter state abbreviation (for example, VA, TX, CA).

Items B4–B5. Map/Panel Number and Suffix. Enter the 10-character "Map Number" or "Community Panel Number" shown on the FIRM where the building or manufactured (mobile) home is located. For maps in a county-wide format, the sixth character of the "Map Number" is the letter "C" followed by a 4-digit map number. For maps not in a county-wide format, enter the "Community Panel Number" shown on the FIRM.

Item B6. FIRM Index Date. Enter the effective date or the map revised date shown on the FIRM Index.

Item B7. FIRM Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the FIRM panel. This will be the latest of all dates shown on the map. The current FIRM panel effective date can be determined by calling 1-800-358-9616.

Item B8. Flood Zone(s). Enter the flood zone, or flood zones, in which the building is located. All flood zones containing the letter "A" or "V" are considered Special Flood Hazard Areas. The flood zones are A, AE, A1–A30, V, VE, V1–V30, AH, AO, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. Each flood zone is defined in the legend of the FIRM panel on which it appears.

Item B9. Base Flood Elevation(s). Using the appropriate Flood Insurance Study (FIS) Profile, Floodway Data Table, or FIRM panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than 1 flood zone in Item B8, list all appropriate BFEs in Item B9. BFEs are shown on a FIRM or FIS Profile for Zones A1–A30, AE, AH, V1–V30, VE, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO; flood depth numbers are shown for Zone AO. Use the AR BFE if the building is located in any of Zones AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. In A or V zones where BFEs are not provided on the FIRM, BFEs may be available from another source. For example, the community may have established BFEs or obtained BFE data from other sources for the building site. For subdivisions and other developments of more than 50 lots or 5 acres, establishment of BFEs is required by the community's floodplain management ordinance. If a BFE is obtained from another source, enter the BFE in Item B9. In an A Zone where BFEs are not available, complete Section E and enter N/A for Section B, Item B9. Enter the BFE to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Item B10. Indicate the source of the BFE that you entered in Item B9. If the BFE is from a source other than FIS Profile, FIRM, or community, describe the source of the BFE.

Item B11. Indicate the elevation datum to which the elevations on the applicable FIRM are referenced as shown on the map legend. The vertical datum is shown in the Map Legend and/or the Notes to Users on the FIRM.

Item B12. Indicate whether the building is located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA). (OPAs are portions of coastal barriers that are owned by Federal, State, or local governments or by certain non-profit organizations and used primarily for natural resources protection.) Federal flood insurance is prohibited in designated CBRS areas or OPAs for buildings or manufactured (mobile) homes built or substantially improved after the date of the CBRS or OPA designation. For the first CBRS designations, that date is October 1, 1983. Information about CBRS areas and OPAs may be obtained on the FEMA web site at https://www.fema.gov/national-flood-insurance-program/coastal-barrier-resources-system.

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Complete Section C if the building is located in any of Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO, or if this certificate is being used to support a request for a LOMA or LOMR-F. If the building is located in Zone AO or Zone A (without BFE), complete Section E instead. To ensure that all required elevations are obtained, it may be necessary to enter the building (for instance, if the building has a basement or sunken living room, split-level construction, or machinery and equipment).

Surveyors may not be able to gain access to some crawlspaces to shoot the elevation of the crawlspace floor. If access to the crawlspace is limited or cannot be gained, follow one of these procedures.

- Use a yardstick or tape measure to measure the height from the floor of the crawlspace to the "next higher floor," and then subtract the crawlspace height from the elevation of the "next higher floor." If there is no access to the

crawlspace, use the exterior grade next to the structure to measure the height of the crawlspace to the "next higher floor."

- Contact the local floodplain administrator of the community in which the building is located. The community may have documentation of the elevation of the crawlspace floor as part of the permit issued for the building.
- If the property owner has documentation or knows the height of the crawlspace floor to the next higher floor, try to verify this by looking inside the crawlspace through any openings or vents.

In all 3 cases, use the Comments area of Section D to provide the elevation and a brief description of how the elevation was obtained.

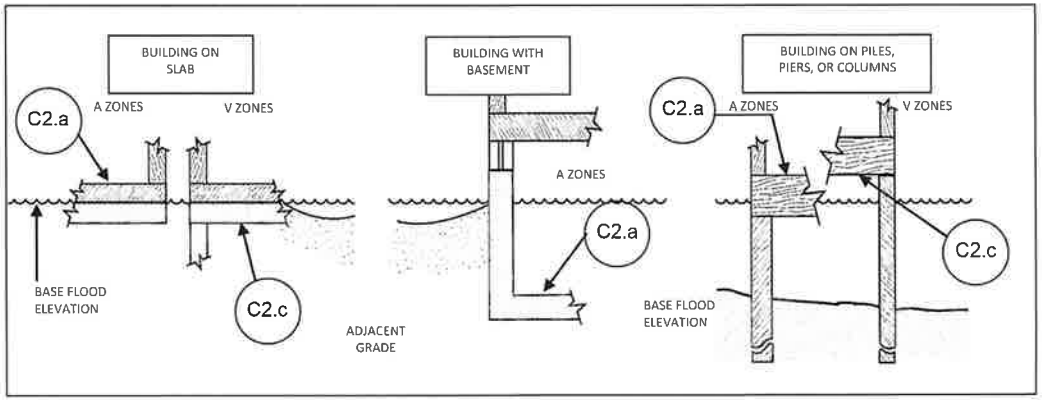
Item C1. Indicate whether the elevations to be entered in this section are based on construction drawings, a building under construction, or finished construction. For either of the first 2 choices, a post-construction Elevation Certificate will be required when construction is complete. If the building is under construction, include only those elevations that can be surveyed in Items C2.a–h. Use the Comments area of Section D to provide elevations obtained from the construction plans or drawings. Select "Finished Construction" only when all machinery and/or equipment such as furnaces, hot water heaters, heat pumps, air conditioners, and elevators and their associated equipment have been installed and the grading around the building is completed.

Item C2. A field survey is required for Items C2.a–h. Most control networks will assign a unique identifier for each benchmark. For example, the National Geodetic Survey uses the Permanent Identifier (PID). For the benchmark utilized, provide the PID or other unique identifier assigned by the maintainer of the benchmark. For GPS survey, indicate the benchmark used for the base station, the Continuously Operating Reference Stations (CORS) sites used for an On-line Positioning User Service (OPUS) solution (also attach the OPUS report), or the name of the Real Time Network used.

Also provide the vertical datum for the benchmark elevation. All elevations for the certificate, including the elevations for Items C2.a–h, must use the same datum on which the BFE is based. Show the conversion from the field survey datum used if it differs from the datum used for the BFE entered in Item B9 and indicate the conversion software used. Show the datum conversion, if applicable, in the Comments area of Section D.

For property experiencing ground subsidence, the most recent reference mark elevations must be used for determining building elevations. However, when subsidence is involved, the BFE should not be adjusted. Enter elevations in Items C2.a–h to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Items C2.a–d. Enter the building elevations (excluding the attached garage) indicated by the selected building diagram (Item A7) in Items C2.a–c. If there is an attached garage, enter the elevation for top of attached garage slab in Item C2.d. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) If the building is located in a V zone on the FIRM, complete Item C2.c. If the flood zone cannot be determined, enter elevations for all of Items C2.a–h. For buildings in A zones, elevations a, b, d, and e should be measured at the top of the floor. For buildings in V zones, elevation c must be measured at the bottom of the lowest horizontal structural member of the floor (see drawing below). For buildings elevated on a crawlspace, Diagrams 8 and 9, enter the elevation



of the top of the crawlspace floor in Item C2.a, whether or not the crawlspace has permanent flood openings (flood vents). *If any item does not apply to the building, enter "N/A" for not applicable.*

Item C2.e. Enter the lowest platform elevation of at least 1 of the following machinery and equipment items: elevators and their associated equipment, furnaces, hot water heaters, heat pumps, and air conditioners in an attached garage or enclosure or on an open utility platform that provides utility services for the building. Note that elevations for these specific machinery and equipment items are required in order to rate the building for flood insurance. Local floodplain management officials are required to ensure that all machinery and equipment servicing the building are protected from flooding. Thus, local officials may require that elevation information for all machinery and equipment, including ductwork, be documented on the Elevation Certificate. If the machinery and/or equipment is mounted to a wall, pile, etc., enter the platform elevation of the machinery and/or equipment. Indicate machinery/equipment type and its general location, e.g., on floor inside garage or on platform affixed to exterior wall, in the Comments area of Section D or Section G, as appropriate. *If this item does not apply to the building, enter "N/A" for not applicable.*

Items C2.f–g. Enter the elevation of the ground, sidewalk, or patio slab immediately next to the building. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

Item C2.h. Enter the lowest grade elevation at the deck support or stairs. For Zone AO, use the natural grade elevation, if available. This measurement must be to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico) if this certificate is being used to support a request for a LOMA or LOMR-F.

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

Complete as indicated. This section of the Elevation Certificate may be signed by only a land surveyor, engineer, or architect who is authorized by law to certify elevation information. Place your license number, your seal (as allowed by the State licensing board), your signature, and the date in the box in Section D. You are certifying that the information on this certificate represents your best efforts to interpret the data available and that you understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Use the Comments area of Section D to provide datum, elevation, openings, or other relevant information not specified elsewhere on the certificate.

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Complete Section E if the building is located in Zone AO or Zone A (without BFE). Otherwise, complete Section C instead. Explain in the Section F Comments area if the measurement provided under Items E1–E4 is based on the "natural grade."

Items E1.a and b. Enter in Item E1.a the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG). Enter in Item E1.b the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the top of the bottom floor (as indicated in the applicable diagram) above or below the lowest adjacent grade (LAG). For buildings in Zone AO, the community's floodplain management ordinance requires the lowest floor of the building be elevated above the highest adjacent grade at least as high as the depth number on the FIRM. Buildings in Zone A (without BFE) may qualify for a lower insurance rate if an engineered BFE is developed at the site.

Item E2. For Building Diagrams 6–9 with permanent flood openings (see pages 8–9), enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico) of the next higher floor or elevated floor (as indicated in the applicable diagram) above or below the highest adjacent grade (HAG).

Item E3. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, for the top of attached garage slab. (Because elevation for top of attached garage slab is self-explanatory, attached garages are not illustrated in the diagrams.) *If this item does not apply to the building, enter "N/A" for not applicable.*

Item E4. Enter the height to the nearest tenth of a foot (tenth of a meter in Puerto Rico), in relation to the highest adjacent grade next to the building, of the platform elevation that supports the machinery and/or equipment servicing the building. Indicate machinery/equipment type in the Comments area of Section F. *If this item does not apply to the building, enter "N/A" for not applicable.*

Item E5. For those communities where this base flood depth is not available, the community will need to determine whether the top of the bottom floor is elevated in accordance with the community's floodplain management ordinance.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Complete as indicated. This section is provided for certification of measurements taken by a property owner or property owner's representative when responding to Sections A, B, and E. The address entered in this section must be the actual mailing address of the property owner or property owner's representative who provided the information on the certificate.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

Complete as indicated. The community official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Section C may be filled in by the local official as provided in the instructions below for Item G1. If the authorized community official completes Sections C, E, or G, complete the appropriate item(s) and sign this section.

Check **Item G1** if Section C is completed with elevation data from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. Indicate the source of the elevation data and the date obtained in the Comments area of Section G. If you are both a community official and a licensed land surveyor, engineer, or architect authorized by law to certify elevation information, and you performed the actual survey for a building in Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/A1–A30, AR/AE, AR/AH, or AR/AO, you must also complete Section D.

Check **Item G2** if information is entered in Section E by the community for a building in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

Check **Item G3** if the information in Items G4–G10 has been completed for community floodplain management purposes to document the as-built lowest floor elevation of the building. Section C of the Elevation Certificate records the elevation of various building components but does not determine the lowest floor of the building or whether the building, as constructed, complies with the community's floodplain management ordinance. This must be done by the community. Items G4–G10 provide a way to document these determinations.

Item G4. Permit Number. Enter the permit number or other identifier to key the Elevation Certificate to the permit issued for the building.

Item G5. Date Permit Issued. Enter the date the permit was issued for the building.

Item G6. Date Certificate of Compliance/Occupancy Issued. Enter the date that the Certificate of Compliance or Occupancy or similar written official documentation of as-built lowest floor elevation was issued by the community as evidence that all work authorized by the floodplain development permit has been completed in accordance with the community's floodplain management laws or ordinances.

Item G7. New Construction or Substantial Improvement. Check the applicable box. "Substantial Improvement" means any reconstruction, rehabilitation, addition, or other improvement of a building, the cost of which equals or exceeds 50 percent of the market value of the building before the start of construction of the improvement. The term includes buildings that have incurred substantial damage, regardless of the actual repair work performed.

Item G8. As-built lowest floor elevation. Enter the elevation of the lowest floor (including basement) when the construction of the building is completed and a final inspection has been made to confirm that the building is built in accordance with the permit, the approved plans, and the community's floodplain management laws or ordinances. Indicate the elevation datum used.

Item G9. BFE. Using the appropriate FIRM panel, FIS Profile, or other data source, locate the property and enter the BFE (or base flood depth) of the building site. Indicate the elevation datum used.

Item G10. Community's design flood elevation. Enter the elevation (including freeboard above the BFE) to which the community requires the lowest floor to be elevated. Indicate the elevation datum used.

Enter your name, title, and telephone number, and the name of the community. Sign and enter the date in the appropriate blanks.

Building Diagrams

The following diagrams illustrate various types of buildings. Compare the features of the building being certified with the features shown in the diagrams and select the diagram most applicable. Enter the diagram number in Item A7, the square footage of crawlspace or enclosure(s) and the area of flood openings in square inches in Items A8.a–c, the square footage of attached garage and the area of flood openings in square inches in Items A9.a–c, and the elevations in Items C2.a–h.

In A zones, the floor elevation is taken at the top finished surface of the floor indicated; in V zones, the floor elevation is taken at the bottom of the lowest horizontal structural member (see drawing in instructions for Section C).

DIAGRAM 1A

All slab-on-grade single- and multiple-floor buildings (other than split-level) and high-rise buildings, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor is at or above ground level (grade) on at least 1 side.*

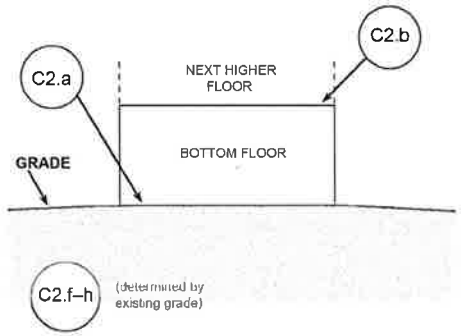


DIAGRAM 1B

All raised-slab-on-grade or slab-on-stem-wall-with-fill single- and multiple-floor buildings (other than split-level), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor is at or above ground level (grade) on at least 1 side.*

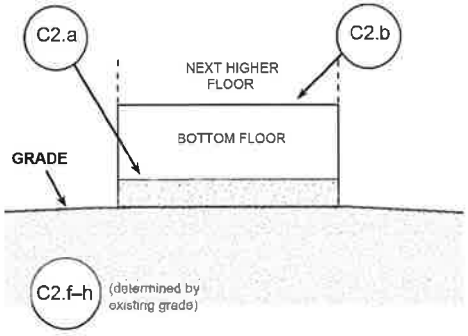


DIAGRAM 2A

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

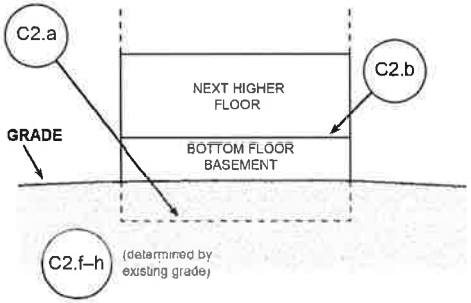
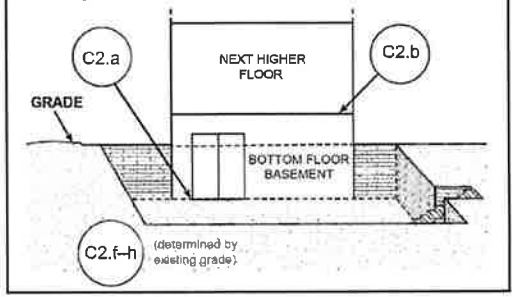


DIAGRAM 2B

All single- and multiple-floor buildings with basement (other than split-level) and high-rise buildings with basement, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides; most of the height of the walls is below ground level on all sides; and the door and area of egress are also below ground level on all sides.*



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

Building Diagrams

DIAGRAM 3

All split-level buildings that are slab-on-grade, either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (excluding garage) is at or above ground level (grade) on at least 1 side.*

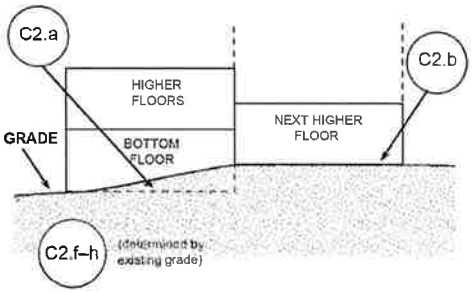


DIAGRAM 4

All split-level buildings (other than slab-on-grade), either detached or row type (e.g., townhouses); with or without attached garage.

Distinguishing Feature – The bottom floor (basement or underground garage) is below ground level (grade) on all sides.*

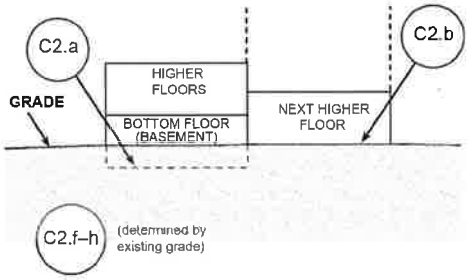


DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of floodwaters (open lattice work and/or insect screening is permissible).

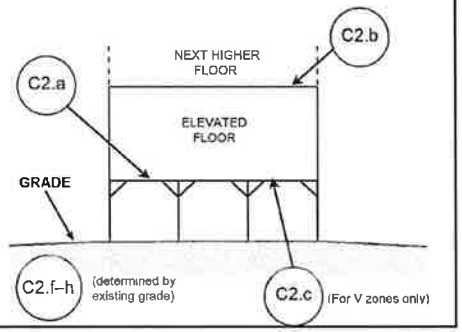
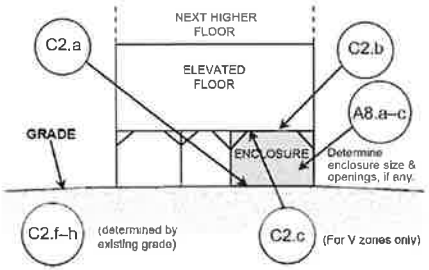


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.

Building Diagrams

DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least 1 side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about enclosure size and openings in Section A – Property Information.

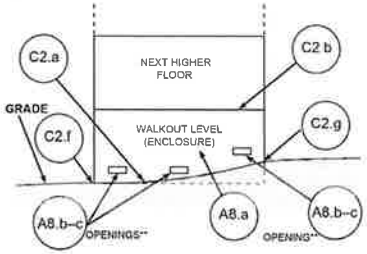


DIAGRAM 8

All buildings elevated on a crawlspace with the floor of the crawlspace at or above grade on at least 1 side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawlspace is with or without openings** present in the walls of the crawlspace. Indicate information about crawlspace size and openings in Section A – Property Information.

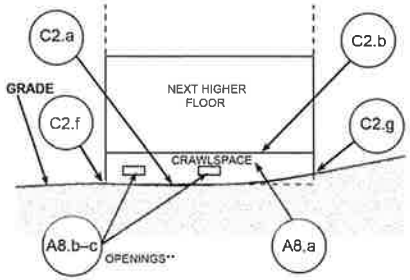
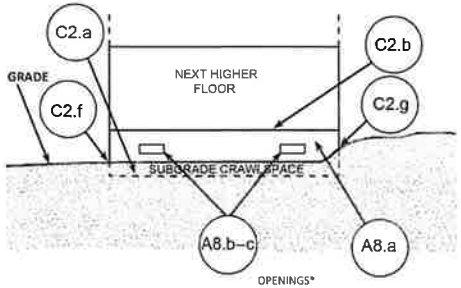


DIAGRAM 9

All buildings (other than split-level) elevated on a sub-grade crawlspace, with or without attached garage.

Distinguishing Feature – The bottom (crawlspace) floor is below ground level (grade) on all sides.* (If the distance from the crawlspace floor to the top of the next higher floor is more than 5 feet, or the crawlspace floor is more than 2 feet below the grade [LAG] on all sides, use Diagram 2A or 2B.)



* A floor that is below ground level (grade) on all sides is considered a basement even if the floor is used for living purposes, or as an office, garage, workshop, etc.

** An "opening" is a permanent opening that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of 2 openings is required for enclosures or crawlspaces. The openings shall provide a total net area of not less than 1 square inch for every square foot of area enclosed, excluding any bars, louvers, or other covers of the opening. Alternatively, an Individual Engineered Flood Openings Certification or an Evaluation Report issued by the International Code Council Evaluation Service (ICC ES) must be submitted to document that the design of the openings will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening; openings may be installed in doors. Openings shall be on at least 2 sides of the enclosed area. If a building has more than 1 enclosed area, each area must have openings to allow floodwater to directly enter. The bottom of the openings must be no higher than 1.0 foot above the higher of the exterior or interior grade or floor immediately below the opening. For more guidance on openings, see NFIP Technical Bulletin 1.