



PW2: Work Permit Application
Must be typewritten

DEPT BLDGS Job No. 121184841
Scan Code ESHS2110043

BIS Document No., required

1 Reason For Filing Required for all applications.

- ☒ Initial Permit Complete all sections. Expected work start date: _____ ☐ Renewal Permit with changes Complete all sections
☐ No Work Permit ☐ Renewal Permit without changes 1, 3, 4, 7 - 12

2 Location Information Required for all applications

House No(s) 550 Street Name West 34th Street
Borough Manhattan Block 705 Lot 1 BIN 1089412 C.B. No.
Work on Floor(s) GRO Apt / Condo No(s)

3 Type of Permit Choose one and complete any appropriate sub-choices or other information.

- ☐ Alteration ☐ Curb Cut ☐ Fuel Burning ☐ Plumbing 3C 3A Electrical application no. for shed lighting.
☐ Boiler ☐ Demolition and Removal ☐ Gas ☐ Sign
☐ Construction Equipment ☐ Fire Alarm ☐ Oil ☐ Sprinkler 3C 3B Related fence job no.
☐ Chute ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 3C 3C Secondary permit description (if applies)
☐ Fence ☒ Foundation / Earthwork ☐ Mechanical / HVAC
☐ Sidewalk Shed 3A Area of site (sq ft). ☐ New Building 3B
☐ Supported Scaffold 38,000
☐ Other: ☐ Earthwork Only
- 3D ☐ Yes ☒ No Are you adding more than three stories? ☐ Yes ☒ No Are you removing one or more stories? If yes, 8
☐ Yes ☒ No Are you performing work in 50% or more of the area of the building? ☐ Yes ☒ No Are you demolishing 50% or more of the area of the building? If yes, 8
☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building? ☒ Yes ☐ No Does your approved work include concrete? If yes, is your concrete work completed?
☐ Yes ☒ No complete section 9
☐ Yes ☒ No Are mechanical means* to be used?

4 Applicant / Contractor Required for all applications (* Indicates optional)

Last Name Johnson First Name Darren Middle Initial
Business Name Gilbane Building Company Business Telephone (212) 312-1600
Business Address 88 Pine Street, 27th Floor *Business Fax (212) 825-6910
City New York State NY Zip 10005 *Mobile Telephone
*E-Mail dajohnson@gilbaneco.com Taxpayer ID

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 036789
☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license number
☐ Master Plumber 4C, 4D 4C License Number:
☐ Oil Burner Installer 4C, 4D 4D Is applicant responsible for all work on this application? ☐ Yes ☐ No
☐ Sign Hanger 4D If no, describe work responsibility
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner*

*DOB approval required



BLT 1 EL06 FC-PW2.V3-03

*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4)

5 Filing Representative *Complete if different from applicant specified in section 3. (* Indicates optional)*

Last Name	McClam	First Name	Maurice	Middle Initial	
Business Name	KM Associates of NY, Inc.			Business Telephone	212 563-6760
Business Address	158 West 29th Street, 7th Floor			*Business Fax	212 563-6753
City	New York	State	NY	Zip	10001
*E-Mail	mmclam@kmaofny.com			*Mobile Telephone	
				Registration Number	001827

6 Insurance *P.E. / R.A. only (* indicates required for all permits)*

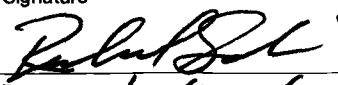
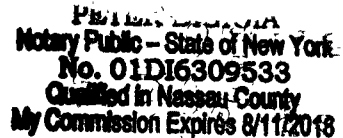
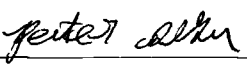
☐ Liability Insurance *(NB permits only)* ☐ Workers' Compensation Insurance* ☐ Disability Insurance *

7 Construction Superintendent, Site Safety Coordinator, Site Safety Manager *Required if applicable (* Indicates optional.)*

I, the applicant / contractor, hereby declare the scope of work filed under this permit application requires: (choose one)

<input type="checkbox"/> Construction Superintendent	<input type="checkbox"/> Site Safety Coordinator	<input checked="" type="checkbox"/> Site Safety Manager			
Last Name	Salorio	First Name	Richard	Middle Initial	
Business Name	Gilbane Building Company			Telephone	(212) 312-1600
Address	88 Pine Street, 27th Floor			*Fax	(212) 825-6910
City	New York	State	NY	Zip	10005
*E-Mail	rsalorio@gilbaneco.com			*Mobile Telephone	(646) 634-5884
				Registration Number	036789

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent, or Site Safety Coordinator, or Site Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.


Name (print) Richard Salorio	Notarization State of New York, County of:	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 16 th day of December 2014	
Date 12/16/2014	Notary Signature 	

8 Demolition Subcontractor *Required if applicable. (* Indicates optional)*

☐ Yes ☐ No Is the applicant/contractor named in section four performing the demolition work for this permit? If no, complete this section.

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*E-Mail	*Mobile Telephone	
	Registration Number	

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Demolition Subcontractor as set forth in the Department of Buildings rules and regulations.

Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

9 Concrete Information Choose and complete any appropriate sub-choices

9A ☐ Yes ☒ No Are you requesting to exclude concrete work at this time from this permit? If no, 9B

9B ☒ Yes ☐ No Does your approved work include 2,000 cubic yards or more of concrete? If yes, 10 and 11

10 Concrete Subcontractor Required if applicable (* Indicates optional)

☐ Yes ☒ No Is the applicant/contractor named in section four performing the concrete work for this permit? If no, complete this section.

Last Name Russo First Name DonnaMarie Middle Initial
 Business Name New York Concrete Corp. Telephone (718) 967-3720
 Address 708 Sharrotts Road *Fax (718) 967-0144
 City Staten Island State NY Zip 10309 *Mobile Telephone
 *E-Mail dmrusso@newyorkconcrete.com Registration Number 006834

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Subcontractor as set forth in the Department of Buildings rules and regulations.

Name (print) DonnaMarie Russo Notarization State of New York, County of Richmond
 Signature *DonnaMarie Russo* Sworn to or affirmed under penalty of perjury
 Date 12/12/14 12 day of DEC 2014
 Notary Signature *[Signature]* Notary Seal
 Notary Public - State of New York
 Commission Expires Oct. 26, 2017

11 Concrete Safety Manager Required if applicable (* Indicates optional)

Last Name Albanese First Name Joseph Middle Initial S
 Business Name New York Concrete Corp. Telephone (718) 967-3720
 Address 708 Sharrotts Road *Fax (718) 967-0144
 City Staten Island State NY Zip 10309 *Mobile Telephone (718) 679-3167
 *E-Mail lee@newyorkconcrete.com Registration Number 006834

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print) Joseph Albanese Notarization State of New York, County of Richmond
 Signature *Joseph Albanese* Sworn to or affirmed under penalty of perjury
 Date 12/12/14 12 day of DEC 2014
 Notary Signature *[Signature]* Notary Seal
 Notary Public - State of New York
 Commission Expires Oct. 26, 2017

12 Applicant / Contractor Statements and Signatures Required for all applications

The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration.

I will comply with all applicable laws, rules and regulations including all insurance requirements, and, in addition

- I hereby state if a Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Demolition Subcontractor, Concrete Subcontractor, or Concrete Safety Manager is required for this application I have hereby advised the individual listed herein he or she is designated as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings
- I hereby state this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Subcontractors, Concrete Safety Manager or insurance is for the work as originally filed or as officially amended
- In accordance with §28-104.8 of the Administrative Code, I hereby declare I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein. In accordance with Rule 101-16, I will post the permit in a conspicuous and visible location
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance

Name (print) Darren Johnson Notarization (required if not licensee) State of New York, County of
 Signature *[Signature]* Sworn to or affirmed under penalty of perjury
 Date 12/16/14 16th day of December 2014
 Notary Signature *[Signature]* Licensee Seal or Notary Seal
 Notary Public - State of New York
 No. 01DI6309533
 Qualified in Nassau County
 My Commission Expires 8/11/2018