



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 121184841



Scan Code ESHS3637243

BIS Document No., required: 01

2/10/17

1 Reason For Filing Required for all applications.

- ☐ Initial Permit Complete all sections. Expected work start date: _____
- ☐ No Work Permit
- ☒ Renewal Permit with changes Complete all sections.
- ☐ 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. 104

Work on Floor(s) SC, CEL, 1-51, 51M, ROOF 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:
- ☐ Filed as NB (28-101.4-5) ☐ Demolition and Removal ☐ Gas ☐ Sign
- ☐ Boiler ☐ Fire Alarm ☐ Oil ☐ Sprinkler 3C 3B Related fence job no. 122618186
- ☐ Construction Equipment ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 3C 3C Secondary permit description (if applies):
- ☐ Chute ☐ Fence ☐ Foundation / Earthwork ☐ Mechanical / HVAC
- ☐ Sidewalk Shed 3A Area of site (sq. ft): ☒ New Building 3B
- ☐ Supported Scaffold
- ☐ 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 VAN AKIN

First Name ROBERT

Middle Initial

Business Name GILBANE BUILDING CO.

Business Telephone (212) 240-1600

Business Address 88 PINE STREET, 27TH FLOOR

City NEW YORK

State NY

Zip 10005

*Mobile Telephone (212) 662-6646

*E-Mail RVANAKIN@GILBANECO.COM

- ☒ 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.

Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306 4).

OK to renewal
2/3/17

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

Last Name SA/RI/BE/AU/GU

First Name JO/LU/AN/JO/AL

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

*Mobile Telephone () -

*E-Mail JAUMULLER@KMAOFNY.COM

Registration Number 006221

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)

☐ Construction Superintendent☐ Site Safety Coordinator☒ Site Safety Manager

Last Name IKONOMIDIS

First Name NIKOLAOS

Middle Initial

Business Name

Telephone (732) 242-9450

Address 392 FAIRFIELD WAY

*Fax () -

City KEYPORT

State NJ

Zip 07735

*Mobile Telephone () -

*E-Mail

Registration Number 001531

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)

NIKOLAOS IKONOMIDIS

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

1st day of February 2017

Notary Signature

Notary Seal

 CHAU ANH HUYNH
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01HU8351231
 Qualified in Kings County
 My Commission Expires 11-28-2020
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

*Mobile Telephone

*E-Mail

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:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Signature

Notary Seal

Signature

Date

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 **COSTIGAN**First Name **THOMAS**

Middle Initial

Business Name **CROSS COUNTY CONSTRUCTION, LLC**

Telephone (914) 909-6700

Address **3 WEST MAIN STREET, SUITE 104**

*Fax () -

City **ELMSFORD**State **NY**Zip **10523**

*Mobile Telephone () -

*E-Mail **TOMCOSTIGAN@AOL.COM**Registration Number **604003**

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)
THOMAS COSTIGAN

Notarization
State of New York, County of:

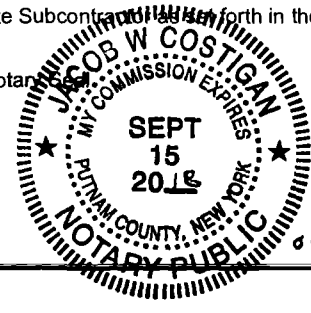
Notary

Signature

Sworn to or affirmed under penalty of perjury

Date

Notary Signature



01C06311442

WITNES:

11 Concrete Safety Manager Required if applicable. (* Indicates optional.)Last Name **GIOVINCO**First Name **CHARLES**

Middle Initial

Business Name

Telephone **570 - 476 - 0724**Address **1318 DREHER AVENUE**

*Fax () -

City **STROUDSBURG** State **PA**Zip **18360**

*Mobile Telephone () -

*E-Mail

Registration Number **002195**

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)
CHARLES GIOVINCO

Notarization
State of New York, County of:

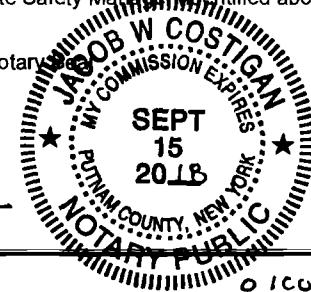
Notary

Signature

Sworn to or affirmed under penalty of perjury

Date

Notary Signature



01C06311442

WITNES:

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)
ROBERT VAN AKIN

Notarization (required if not licensee)
State of New York, County of:

Licensee Seal or Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

Date

Notary Signature

CHAU ANH HUYNH**NOTARY PUBLIC-STATE OF NEW YORK****No. 01HU6351231****Qualified in Kings County****My Commission Expires 11-28-2020**

WITNES: