



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 121184841



Scan Code ESHS9223580

BIS Document No., required: 01

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. 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. 122212159☐ 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 Only3D ☐ 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) 312-1600

Business Address 88 PINE STREET, 27TH FLOOR

City NEW YORK

State NY

Zip 10005

*Mo

*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, 8☐ 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.

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

Last Name	MCCLAM / BORELLI	First Name	MAURICE / IOANA	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	MMCCCLAM@KMAOFNY.COM			*Mobile Telephone	() -
				Registration Number	001827 / 005355

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	SALORIO	First Name	RICHARD	Middle Initial	
Business Name	GILBANE BUILDING CO.			Telephone	(212) 312-1600
Address	88 PINE STREET, 27TH FLOOR			*Fax	() -
City	NEW YORK	State	NY	Zip	10005
*E-Mail	RSALORIO@GILBANECO.COM			*Mobile Telephone	() -
				Registration Number	001106

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

Signature

Richard Salorio
Date 7/12/2016

Notarization
State of New York, County of: Fairfield

Sworn to or affirmed under penalty of perjury

12 day of July 2016

Notary Signature *Brynn C. Lang*

Notary Seal

BRYNN CRAWFORD
NOTARY PUBLIC OF C
My Commission Expires

**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)

Signature

Date

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

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 **tcostigan@xccllc.com** Registration Number **0003**

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

Signature

Date

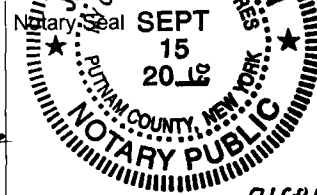
Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

11th day of July 2016

Notary Signature

Notary Seal



01006311442

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

Last Name **Giovinco** First Name **Charles** Middle Initial
 Business Name **CROSS COUNTY CONSTRUCTION, LLC** Telephone **(570) 856-0877**
 Address **3 WEST MAIN STREET, SUITE 104** *Fax () -
 City **ELMSFORD** State **NY** Zip **10523** *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 (as defined above) as set forth in the Department of Buildings rules and regulations.

Name (print)
Charles Giovinco

Signature

Date

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

11th day of July 2016

Notary Signature

Notary Seal



01006311442

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

Signature

Date

Notarization (required if not licensee)

State of New York, County of: **New York**

Sworn to or affirmed under penalty of perjury

12th day of July 2016

Notary Signature

Licensee Seal or Notary Seal

DENISE V. BASSILE
 Notary Public, State of New York
 No. 01BA015255
 Qualified in Kings County
 Commission Expires October 26, 2018