

# PW2: Work Permit Application

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Must be typewritten.

9-2914



BIS Document No., required: 01

## 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) 501 Street Name WEST 30TH STREET

Borough Manhattan Block 702 Lot 10 BIN 1012456 C.B. No. 104

Work on Floor(s) C,0-5,5M,6-34,34M,35-48,R Apt. / Condo No(s)

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

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Alteration             | <input type="checkbox"/> Curb Cut                | <input type="checkbox"/> Fuel Burning               | <input type="checkbox"/> Plumbing 3C 3A Electrical application no. for shed lighting: |
| <input type="checkbox"/> Boiler                 | <input type="checkbox"/> Demolition and Removal  | <input type="checkbox"/> Gas                        | <input type="checkbox"/> Sign   |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Oil                        | <input type="checkbox"/> Sprinkler 3C 3B Related fence job no. 121324290              |
| <input type="checkbox"/> Chute                  | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage               | <input type="checkbox"/> Standpipe 3C 3C Secondary permit description (if applies):   |
| <input type="checkbox"/> Fence                  | <input type="checkbox"/> Foundation / Earthwork  | <input type="checkbox"/> Mechanical / HVAC          |   |
| <input type="checkbox"/> Sidewalk Shed 3A       | Area of site (sq. ft):                           | <input checked="" type="checkbox"/> New Building 3B |   |
| <input type="checkbox"/> Supported Scaffold     |  |   |   |
| <input type="checkbox"/> Other:                 | <input type="checkbox"/> 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 THIES First Name JED Middle Initial

Business Name TUTOR PERINI BUILDING CORPORATION Business Telephone (914) 739-1908

Business Address 360 WEST 31ST STREET SUITE 1102 \*Business Fax (914) 739-5101

City NEW YORK State NY Zip 10001 \*Mobile Telepho

\*E-Mail JED.THIES@TUTORPERINI.COM Taxpayer ID 86-0083406

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 610857
- ☐ 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).

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

Last Name	AGELOPOULOS/CERDA	First Name	JOHN/MANNY	Middle Initial	
Business Name	GILLMAN CONSULTING INC			Business Telephone	(212) 349-9304
Business Address	40 WORTH ST SUITE 600			*Business Fax	(212) 349-9346
City	NEW YORK	State	NY	Zip	10013
*E-Mail	JOHN@GILLMANINC.COM/MANUEL@GILLMANINC.COM			*Mobile Telephone	( ) -
				Registration Number	005030

**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	IAMMATTEO	First Name	PASCHAL	Middle Initial	P
Business Name	PRO SAFETY SERVICES LLC			Telephone	(917) 715-9502
Address	20 CEDAR STREET			*Fax	
City	NEW ROCHELLE	State	NY	Zip	10801
*E-Mail	PIAMMATTEO@PROSAFETYLLC.COM			*Mobile Telephone	( ) -
				Registration Number	001721

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)  
PASCHAL P. IAMMATTEO

Signature

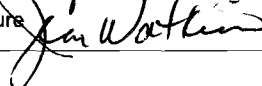
Date

  
4-21-14

Notarization  
State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

22 day of April 2014

Notary Signature 

Notary Seal

JEAN WATKINS  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01WA6191498  
Qualified in Queens County  
My Commission Expires August 11, 2016

**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)

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, 9B9B ☒ 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	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 Concrete 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	

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

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 Concrete Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print)	Notarization State of New York, County of: MANHATTAN	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 17TH day of SEPTEMBER 2014	
Date	Notary Signature	

**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)	Notarization (required if not licensee) State of New York, County of: MANHATTAN	Licensee Seal or Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 17TH day of SEPTEMBER 2014	
Date	Notary Signature	