



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS 121324290 Job Number



ESHS3186074 Scan Code

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) 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.

- ☐ 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. 121324290
- ☐ 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 THIES

First Name JED

Business Name TUTOR PERINI BUILDING CORPORATION

Business Address 360 WEST 31ST STREET SUITE 1102

City NEW YORK State NY Zip 10001

*E-Mail JED.THIES@TUTORPERINI.COM

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 6
- ☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes
- ☐ 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 MCPH/CERD/CARB/AGEL First Name YVET/MANU/LAUR/JOHN 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

*Mobile Telephone (917) 617-5237

*E-Mail YVETTE@GILLMANINC.COM

Registration Number 001600

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 (718) 981-5011

Address 351 DOUGLAS ROAD

*Fax () -

City STATEN ISLAND

State NY

Zip 10304

*Mobile Telephone () -

*E-Mail

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 IAMMATTEO

Notarization

State of New York, County of: MANHATTAN

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

27th day of April 2015

Date

4/27/15

Notary Signature

R. Walton

 RUBY B. WALTON
 Notary Public, State of New York
 No. 01WA6251617
 Qualified in Queens County
 Commission Expires November 14, 2015
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:

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	THIES	First Name	JED	Middle Initial	
Business Name	TUTOR PERINI BUILDING CORPORATION			Telephone	(914) 739-1908
Address	360 WEST 31ST STREET SUITE 1102			*Fax	(914) 739-5101
City	NEW YORK	State	NY	Zip	10001
*E-Mail	JED.THIES@TUTORPERINI.COM			*Mobile Telephone	() -
				Registration Number	610857

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)
JED THIES

Signature

Date 4-23-15

Notarization

State of New York, County of: MANHATTAN

Sworn to or affirmed under penalty of perjury

27th day of APRIL 2015

Notary Signature

Notary Seal

RUBY B. WALTON
Notary Public, State of New York
No. 01WA6251617
Qualified in Queens County
Commission Expires November 14, 2015

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

Last Name	O'DONOGHUE	First Name	JAMES	Middle Initial	M
Business Name	KAFKA CONSTRUCTION			Telephone	(718) 937-0020
Address	38-30 28TH STREET			*Fax	() -
City	LONG ISLAND CITY	State	NY	Zip	11101
*E-Mail				*Mobile Telephone	() -
				Registration Number	002122

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)

JAMES O'DONOGHUE

Signature

Date 4-27-15

Notarization

State of New York, County of: MANHATTAN

Sworn to or affirmed under penalty of perjury

27th day of APRIL 2015

Notary Signature

Notary Seal

RUBY B. WALTON
Notary Public, State of New York
No. 01WA6251617
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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)

JED THIES

Signature

Date 4-23-15

Notarization (required if not licensee)

State of New York, County of: MANHATTAN

Sworn to or affirmed under penalty of perjury

27th day of APRIL 2015

Notary Signature

Licensee Seal or Notary Seal

RUBY B. WALTON
Notary Public, State of New York
No. 01WA6251617
Qualified in Queens County
Commission Expires November 14, 2015