



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS	121324290	Job Number
SC112682039		Scan Code

BIS Document No., required: 121324290

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 30 Street			
Borough Manhattan	Block 702	Lot 10	BIN	C.B. No.
Work on Floor(s)			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 checked="" 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. |
| <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 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 Martino	First Name Lawrence	Middle Initial P
Business Name Almar Plumbing & Heating Corp		Business Telephone (718) 835-5900
Business Address 59 05 39th Avenue		*Business Fax (718) 641-2469
City Woodside	State NY	Zip 11377
*E-Mail angela.morgan@almarplumbing.com		*Mobile Telephone [REDACTED]
		Taxpayer ID 112542575

- | | | | |
|--|--------|--|------------|
| <input type="checkbox"/> General Contractor | 4A, 4B | 4A Provide registration or tracking number: | [REDACTED] |
| <input type="checkbox"/> Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, HIC license number: | |
| <input checked="" type="checkbox"/> Master Plumber | 4C, 4D | 4C License Number: 1932 | |
| <input type="checkbox"/> Oil Burner Installer | 4C, 4D | 4D Is applicant responsible for all work on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Sign Hanger | 4D | If no, describe work responsibility: | |
| <input type="checkbox"/> Professional Engineer | 4C, 6 | | |
| <input type="checkbox"/> Registered Architect | 4C, 6 | | |
| <input type="checkbox"/> 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	Trowell	First Name	Reginald	Middle Initial
Business Name	Five Borough Filing & Expediting			Business Telephone (917) 804-5960
Business Address	291 Broadway			*Business Fax
City	New York	State	NY	Zip 10007
*E-Mail				*Mobile Telephone
				Registration Number

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	Lockley	First Name	Randall	Middle Initial
Business Name	Pro Safety Services			Telephone (914) 654-4870
Address	20 Cedar Street			*Fax
City	New Rochelle	State	NY	Zip 10801
*E-Mail				*Mobile Telephone
				Registration Number 001578

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)
Randall Lockley

Signature

Randall Lockley

Date 9/23/2013

Notarization

State of New York, County of: *Q*

Sworn to or affirmed under penalty of perjury

23 day of Sept 2013

Notary Signature

Angela Morgan

Notary Seal

ANGELA MORGAN
NOTARY PUBLIC, State of New York
No. 01MO4346462
Qualified in Queens County
Commission Expires August 31, 2017

For 501 W. 30 Street, New York, NY 10001

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, 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		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 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	*Mobile Telephone	
*E-Mail		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:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
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) Lawrence P. Martino	Notarization (required if not licensee) State of New York, County of: CX	Licensee Seal or Notary Seal
Signature <i>Lawrence P. Martino</i>	Sworn to or affirmed under penalty of perjury 24 day of Sept 2013	
Date 9-24-13	Notary Signature <i>Angela Morgan</i>	

ANGELA MORGAN
NOTARY PUBLIC, State of New York
No. 01MO4346462
Qualified in Queens County
Commission Expires August 31, 2017