



25821 - PW210-318767.pdf

PW2: Work Permit Application

EQF

Must be typewritten.



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 50

BIN 1012456

C.B. No. 104

Work on Floor(s) CEL,1

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:☐ Boiler☐ Demolition and Removal☐ Gas☐ Sign☒ Construction Equipment☐ Fire Alarm☐ Oil☐ Sprinkler 3C 3B Related fence job no.☐ Chute☐ Fire Suppression System☐ Fuel Storage☐ Standpipe 3C 3C Secondary permit description (if applies):☒ 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 THIES

First Name JED

Middle Initial

Business Name TUTOR PERINI CORPORATION

Business Telephone (914) 739-1908

Business Address 1000 MAIN STREET

*Business Fax (914) 739-5101

City NEW ROCHELLE

State NY

Zip 10801

*Mobile Telephone (

*E-Mail JED.THIES@TUTORPERINI.COM

Taxpayer ID 04-1717070

☒ General Contractor

4A, 4B

4A Provide registration or tracking number: 605282

☐ 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.



DEPT.BLDGS

FC-PW2.V3-03

*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

07/10

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

Last Name	JACKIER/MCPHERSON	First Name	PHILLIP/YVETTE	Middle Initial	
Business Name	JEROME S GILLMAN CONSULTING			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	PHILLIP@JEROMESGILLMAN.COM			*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)

<input type="checkbox"/> Construction Superintendent	<input type="checkbox"/> Site Safety Coordinator	<input checked="" type="checkbox"/> Site Safety Manager			
Last Name	KIROPOULOS	First Name	STAVOROS	Middle Initial	N
Business Name	PRO SAFETY SERVICES LLC			Telephone	(914) 654-4870
Address	20 CEDAR STREET			*Fax	(914) 654-4873
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)
STAVOROS KIROPOULOS

Signature

Stavoros Kirooulos
Date 11-21-2012

Notarization

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

Notary Seal

Sworn to or affirmed under penalty of perjury

21 day of November 2012

Notary Signature

PHILLIP JACKIER
Commissioner of Deeds
City of New York - No. 5-1147
Certificate Filed in Kings County
Commission Expires 04/1, 2013

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 **RUSSO**First Name **DONNAMARIE**

Middle Initial

Business Name **NEW YORK CONCRETE CORP.**Telephone **(718) 967-3720**Address **708 SHARROTT'S ROAD**

*Fax

City **STATEN ISLAND** State **NY** Zip **10309**

*Mobile Telephone

*E-Mail

Registration Number **006834**

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)

RUSSO DONNAMARIE

Notarization

State of New York, County of:

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

JERRY SICA

Notary Public, State of New York

No. 01SI490689

Qualified in Richmond County

Commission Expires Oct. 26, 2013

Date

11/23/2012

Notary Signature

23rd day of November 2012

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

Middle Initial

Business Name **RUBI CASTILLO**Telephone **(347) 564-6020**Address **42 FARMBROOK DRIVE**

*Fax

City **OLD BRIDGE** State **NJ** Zip **08857**

*Mobile Telephone

*E-Mail

Registration Number **002089**

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)

RUBI CASTILLO

Notarization

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

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

PHILLIP JACKIER

Commissioner of Deeds

City of New York - No. 5-1147

Certificate Filed in Kings County

Commission Expires 07/2013

Date

11/20/12

Notary Signature

21 day of November 2012

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

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

RUBY B. WALTON

Notary Public, State of New York

No. 01WA6251617

Qualified in Queens County

Commission Expires November 14, 2015

Date

11-20-12

Notary Signature

20th day of November 2012

07/10