

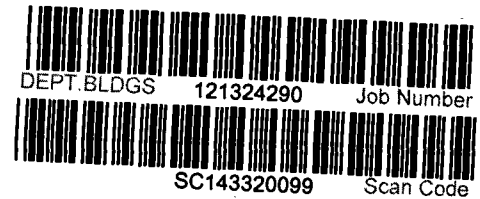


25821 - PW210-318761.pdf

PW2: Work Permit Application

FO

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: _____
☐ 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 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.*

- | | | | | |
|---|--|--|---------------------------------------|--|
| <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. |
| <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 checked="" 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 | 107,997 | | | |
| <input type="checkbox"/> Other: | <input checked="" 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 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

- ☒ General Contractor 4A, 4B
☐ Fire Suppression Contractor 4C, 4D
☐ Master Plumber 4C, 4D
☐ Oil Burner Installer 4C, 4D
☐ Sign Hanger 4D
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner*

*DOB approval required.

4A Provide registration or tracking number: 605282

4B Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license number

4C License Number:

4D Is applicant responsible for all work on this application? ☐ Yes ☐ No

If no, describe work responsibility:



*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)

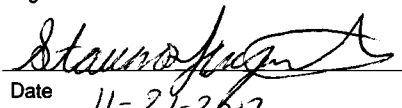
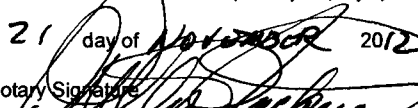
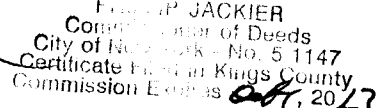
☐ Liability Insurance (NB permits only) ☐ Workers' Compensation Insurance* ☐ Disability Insurance*

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)	Notarization	Notary Seal
STAVOROS KIROPOULOS	State of New York, County of: <u>New York</u>	
Signature	Sworn to or affirmed under penalty of perjury	
	21 day of <u>November</u> 2012	
Date	Notary Signature	
11-21-2012		

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)	Notarization	Notary Seal
	State of New York, County of:	
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 **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

Signature

[Signature]
Date **11/23/2012**

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

23rd day of **NOVEMBER** 20**12**
Notary Signature *[Signature]*

Notary Seal

JERRY SICA
Notary Public, State of New York
No. 01SI 4908489
Qualified in Richmond County
Commission Expires Oct. 26, 2013

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

Signature

[Signature]
Date

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

Sworn to or affirmed under penalty of perjury

21 day of **NOVEMBER** 20**12**
Notary Signature *[Signature]*

Notary Seal

PHILLIP JACKIER
Commissioner of Deeds
City of New York - No. 5-1147
Certificate Filed in Kings County
Commission Expires **Dec. 2013**

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

[Signature]
Date **11-20-12**

Notarization (required if not licensee)
State of New York, County of:

Sworn to or affirmed under penalty of perjury

20th day of **NOVEMBER** 20**12**
Notary Signature *[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