



PW2: Work Permit Application

Must be typewritten.



BIS Document No., required: 130796622-04

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, 001

Apt. / Condo No(s)

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

☒ Alteration *on*

☐ Boiler

☐ Construction Equipment

☐ Chute

☐ Fence

☐ Sidewalk Shed 3A

☐ Supported Scaffold

☐ Other:

☐ Curb Cut

☐ Demolition and Removal

☐ Fire Alarm

☐ Fire Suppression System

☒ Foundation / Earthwork

Area of site (sq. ft):

1,807,520

☐ Earthwork Only

☐ Fuel Burning

☐ Gas

☐ Oil

☐ Fuel Storage

☐ Mechanical / HVAC

☐ New Building 3B

☐ Plumbing 3C 3A Electrical application no. for shed lighting:

☐ Sign

☐ Sprinkler 3C 3B Related fence job no.

☐ Standpipe 3C 3C Secondary permit description (if applies):

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 THEIS

First Name JEDD

Middle Initial

Business Name TUTOR PERINI

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 phubbs@periniwest.com

Taxpayer ID 04

☒ 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	WES/BEN/SPI/BAT	First Name	CHA/WIL/JAM/ARE	Middle Initial
Business Name	THE RELATED COMPANIES			Business Telephone (212) 801-3476
Business Address	60 COLUMBUS CIRCLE 19TH FL			*Business Fax (212) 801-1048
City	NEW YORK	State	NY	Zip 10023
*E-Mail	ARELIS.BATISTA@RELATED.COM			*Mobile Telephone (646) 573-3391
				Registration Number B04671

6 Insurance P.E. / R.A. only (* indicates required for all permits)

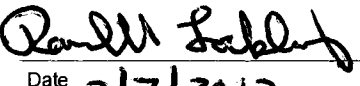

☐ Liability Insurance (NB permits only) ☐ Workers' Compensation Insurance* ☐ Disability Insurance *

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	LOCKLEY	First Name	RANDALL	Middle Initial
Business Name	PRO SAFETY SERVICES LLC			Telephone 914-654-4870
Address	20 CEDAR ST			*Fax (914) 654-4873
City	NEW ROCHELLE	State	NY	Zip 10801
*E-Mail				*Mobile Telephone
				Registration Number 001570 1542

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	Notarization State of New York, County of: Westchester	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 13th day of March 20 13	ANTHONY RAUCCI Notary Public, State of New York No. 02RA6045600 Qualified in Westchester County Commission Expires 7/31/14
Date 3/7/2013	Notary Signature 	

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 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	RUSSO	First Name	DONNAMARIE	Middle Initial	
Business Name	NEW YORK CONCRETE CORP			Telephone	
Address	708 SHARROTT'S ROAD			*Fax	
City	STATEN ISLAND	State	NY	Zip	10309
*E-Mail				*Mobile Telephone	
				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) **DonnaMarie Russo**

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. 01SI 4908489

Date

Notary Signature

Qualified in Richmond County
Commission Expires Oct. 26, 2013

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

Last Name	FERRIS	First Name	EDDIE	Middle Initial	
Business Name	NEW YORK CONCRETE CORPORATION			Telephone	
Address	708 SHARROTT'S ROAD			*Fax	
City	STATEN ISLAND	State	NY	Zip	10309
*E-Mail				*Mobile Telephone	
				Registration Number	2235

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) **Eddie Ferris**

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. 01SI 4908489

Date

Notary Signature

Qualified in Richmond County
Commission Expires Oct. 26, 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) **Jarrett E Thies**

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

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

Date

Notary Signature

Qualified in Queens County
Commission Expires November 14, 2015