



Buildings

25821 - PW210-318767.pdf

## PW2: Work Permit Application

EQF

Must be typewritten.



DEPT.BLDGS

121324290

Job Number

SC143343853

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 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 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 Tele

\*E-Mail JED.THIES@TUTORPERINI.COM

Taxpayer ID

- ☒ 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.



\*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		Middle Initial	
Business Name	JEROME S. GILLMAN CONSULTING			Business Telephone	(212) 349-9304
Business Address	WORTH STREET, 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)

☐ Construction Superintendent ☐ Site Safety Coordinator ☒ Site Safety Manager

Last Name	LOCKLEY	First Name	RANDALL	Middle Initial	
Business Name	PRO SAFETY SERVICES LLC			Telephone	(914) 654-4870
Address	20 CEDAR STREET			*Fax	(914) 6544873
City	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 J. Lockley

Signature



Date

1/28/2013

Notarization

State of New York, County of: Westchester

Sworn to or affirmed under penalty of perjury

28th day of February 2013

Notary Signature



Notary Seal

ANTHONY RAUCCI

Notary Public, State of New York

No. 02FA-6045600

Qualified in Westchester County

Commission Expires 7/31/14

**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

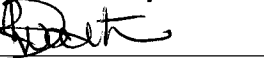
Notarization

State of New York, County of: MANHATTAN

Sworn to or affirmed under penalty of perjury

1st day of February 2013

Notary Signature



Notary Seal

RUBY B. WALTON  
Notary Public, State of New York  
No. 01WA6251617Qualified in Queens County  
Commission Expires November 14, 2015

**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	RUSO	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
*E-Mail				*Mobile Telephone	
				Registration Number	00634

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 Richmond	Notary Seal
Signature	<i>Donnamarie Russo</i>	Sworn to or affirmed under penalty of perjury	30th day of January 2013	JERRY SICA Notary Public, State of New York No. 01SI 4908489 Qualified in Richmond County Commission Expires Oct. 26, 2013
Date	01/30/2013	Notary Signature	<i>Jerry Sica</i>	

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

Last Name	WILLIAMS	First Name	GARY	Middle Initial	
Business Name	PRO SAFETY SERVICES LLC			Telephone	(914) 654-4870
Address	20 CEDAR STREET			*Fax	(914) 654-4873
City	NEW ROCHELLE	State	NY	Zip	
*E-Mail				*Mobile Telephone	
				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)	GARY WILLIAMS	Notarization	State of New York, County of Westchester	Notary	ANTHONY RAUCCI
Signature	<i>Gary Williams</i>	Sworn to or affirmed under penalty of perjury	28th day of January 2013	Notary Public, State of New York No. 07A 48045600 Qualified in Westchester County Commission Expires 3/14/31	
Date	1-28-2013	Notary Signature	<i>Anthony Raucci</i>		

**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)	Ruby B. Walton	Notarization (required if not licensee)	State of New York, County of Manhattan	Licensee Seal or Notary Seal
Signature	<i>Ruby B. Walton</i>	Sworn to or affirmed under penalty of perjury	1st day of February 2013	RUBY B. WALTON Notary Public, State of New York No. 01WA6251617 Qualified in Queens County Commission Expires November 14, 2015
Date	1-30-13	Notary Signature	<i>Ruby B. Walton</i>	