



PW2: Work Permit Application

Must be typewritten



BIS Document No., required:

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

- | | | | |
|---|--|--|---|
| <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 | | | |
| <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 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 ROCHELLE State NY Zip 10801 *Mobile Telephone

*E-Mail Taxpayer ID

- | | | | |
|--|--------|---|--|
| <input checked="" type="checkbox"/> General Contractor | 4A, 4B | 4A Provide registration or tracking number: 605282 | |
| <input type="checkbox"/> Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, HIC license n | |
| <input type="checkbox"/> Master Plumber | 4C, 4D | 4C License Number: | |
| <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)

07/10

ag
2/14/13

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
Randall J. Lockley
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
[Signature]

Notary Seal
ANTHONY PAUCCI
Notary Public, State of New York
No. 02F-66046600
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
[Signature]

Notary Seal
RUBY B. WALTON
Notary Public, State of New York
No. 01WA6251617
Qualified 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, 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 **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 3rd 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 Registration Number **002052**

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 Seal
Signature <i>Gary Williams</i>	Sworn to or affirmed under penalty of perjury 28th day of JANUARY 2013	ANTHONY RAUCCI Notary Public, State of New York No. 01WA 68025600 Qualified in Westchester County Commission Expires 7/1/13
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) Jeff E. Walton	Notarization (required if not licensee) State of New York, County of MANHATTAN	Licensee Seal or Notary Seal
Signature <i>Jeff E. 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>	