



PW2: Work Permit Application

Must be typewritten.

DEPT. BLDGS	120136003	Job Number
SC090925900		Scan Code

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 Complete all sections. ☐ Renewal Permit without changes 1, 5, 7-11

2 Location Information Required for all applications.

House No(s) 301 Street Name E. 92nd Street a.k.a. 1766 / 1768 2nd Avenue
Borough Manhattan Block 1555 Lot 1 BIN 1078664 CB No. 108
Work on Floor(s) 1st, 2nd, 3rd, 4th, 5th, 6th Apt/Condo No(s)

3 Applicant / Contractor Required for all applications. (* Indicates optional.)

Last Name O'Neill First Name Robert Middle Initial P
Business Name S3 Tunnel Constructors, a Joint Venture Business Telephone (212) 792-8010
Business Address 207 E. 94th St, Suite #403 *Business Fax (212) 792-8049
City New York State NY Zip 10128 *Mobile Telephone
*E-Mail robert.oneill@skanska.com Taxpayer ID 20

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

Last Name Parikh First Name Anil Middle Initial
Business Name MTA Capital Construction Business Telephone 212 510 2654
Business Address 20 Exchange Place *Business Fax
City New York State NY Zip 10005 *Mobile Telephone
*E-Mail anil.parikh@2avesubway.com Registration Number

5 Additional Applicant / Contractor Information

- ☒ General Contractor } 5A or 5B-C 5A General Contractor Registration No.: 38654
☐ Demolition Contractor } 5B, 5C 5B Insurance Tracking Number:
☐ Fire Suppression Contractor } 5C Does work require a HIC license? ☐ Yes ☐ No
☐ Master Plumber } 5D, 5E If yes, HIC license number:
☐ Oil Burner Installer } 5D License Number:
☐ Sign Hanger } 5E Is applicant responsible for all work on this application?
☐ Professional Engineer } 5D, 6 ☐ Yes ☐ No If no, describe work responsibility:
☐ Registered Architect }
☐ Homeowner*
*DOB approval required.

6 Insurance P.E. / R.A. only.

Compensation insurance has been secured in accordance with the requirements of the Workers' Compensation Law. Check off all requirements and submit documentation with application.

- ☐ Liability Insurance (NB permits only)
Required for all permits:
☐ Workers' Compensation Insurance
☐ Disability Insurance

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

- | | | | | |
|---|--|--|---------------------------------------|---|
| <input type="checkbox"/> Alteration 7D | <input type="checkbox"/> Curb Cut | <input type="checkbox"/> Fuel Burning | <input type="checkbox"/> Plumbing 7C | 7A Electrical application no. for shed lighting: |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Demolition and Removal | <input type="checkbox"/> Gas | <input type="checkbox"/> Sign | 7B Related fence job no. |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Oil | <input type="checkbox"/> Sprinkler 7C | 7C Secondary permit description (if applies): |
| <input type="checkbox"/> Chute | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Standpipe 7C | |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Foundation / Earthwork | <input type="checkbox"/> Mechanical / HVAC | | 7D Mechanical means* to be used? |
| <input type="checkbox"/> Sidewalk Shed 7A | Area of site (sq. ft): | <input type="checkbox"/> New Building 7B | | <input type="checkbox"/> Yes 11 <input type="checkbox"/> No |
| <input type="checkbox"/> Supported Scaffold | | | | |
| <input checked="" type="checkbox"/> Other: Structural | <input type="checkbox"/> Earthwork Only | | | |



DEPT BLDGS

FC-PW2.V3-02

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

8 Construction Superintendent / Site Safety Manager Requirements *Not required if applicant is licensee.*

I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (choose one):

☐ Construction Superintendent 10 ☐ Site Safety Manager 11 ☐ Site Safety Coordinator 11 ☒ None

9 Applicant / Contractor Statements and Signatures *Required for all applications.*

I hereby state the above information is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Such action is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

- I hereby state if a Construction Superintendent is required for this application I have hereby advised the individual listed below he or she is designed as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings.
- I hereby state I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Noise Mitigation Plan at the work site.
- I hereby state this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site 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, the permit or copy thereof shall be posted securely at the worksite in a conspicuous visible location until the permit is issued or the permit expires but not later than commencement of work and shall remain posted throughout the duration of work.

Name (print) Robert P. O'Neill
 Signature ROBERT P. O'NEILL
 Date 9/24/2009

Notarization (required if not licensee)
 State of New York, County of: New York
 Sworn to or affirmed under penalty of perjury
24 day of September 2009
 Notary Signature Claudia Wilson

CLAUDIA WILSON
 NOTARY PUBLIC, State of New York
 Licensee Seal or Notary Seal No. 0TWI5074152
 Qualified in Nassau County
 Commission Expires March 10, 2010

10 Construction Superintendent *Required if applicable. (* Indicates optional.)*

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 Construction Superintendent 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	

11 Site Safety Manager/Coordinator *Required if applicable. (* Indicates optional.)*

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*E-Mail	*Mobile Telephone	
Certificate Number		

Choose one: ☐ Site Safety Manager ☐ Site Safety Coordinator

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager/Site Safety Coordinator (identified above) 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	