



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: 6-25-08 ☐ Renewal Permit with changes Complete all sections.
☐ No Work Permit Complete all sections. ☐ Renewal Permit without changes 1, 5, 7-10

2 Location Information Required for all applications.

House No(s) 1620 Street Name Madison Ave
Borough Man Block Lot BIN CB No. 9
Work on Floor(s) cel 1-8 Apt/Condo No(s)

3 Applicant / Contractor Required for all applications. * indicates optional.

Last Name Noy First Name Abe Middle Initial
Business Name Star Construction Business Telephone (212) 753-8870
Business Address 336 East 59 st Business Fax* (212) 832-6990
City NY State New York Zip 10022 Mobile Telephone*
E-Mail* dimitri@stardi.com Taxpayer ID 13-3968013

4 Filing Representative Complete if different from [REDACTED] * indicates optional.

Last Name Concepcion/Noble/Holiday [REDACTED] Middle Initial
Business Name Berzak Schoen Consultants Business Telephone (212) 243-2434
Business Address 299 Broadway, Suite 300 Business Fax* (212) 981-2110
City New York State New York Zip 10007 Mobile Telephone*
E-Mail* irene@bscnyc.com Registration Number B05240

5 Additional Applicant / Contractor Information

- ☒ General Contractor } 5A, 5A Insurance Tracking Number: 32153
☐ Demolition Contractor } 5B 5B Does work require a HIC license? ☐ Yes ☒ No
☐ Fire Suppression Contractor } If yes, HIC license number:
☐ Master Plumber } 5C, 5C License Number:
☐ Oil Burner Installer } 5D 5D Is applicant responsible for all work on this application?
☐ Sign Hanger } 5C ☐ Yes ☐ No If no, describe work responsibility:
☐ Professional Engineer } 5C,
☐ Registered Architect } 6
☐ Homeowner* }
*DOB approval required.

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

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

☐ Liability Insurance (NB permits only)

Required for all permits:

- ☐ Workman's Compensation Insurance
☐ Disability Insurance

7 Type of Permit Choose one and complete any appropriate sub-choices or other information.			
☐ Alteration ☐ Boiler ☒ Construction Equipment ☐ Chute ☒ Fence ☐ Scaffold ☐ Supported Scaffold ☐ Other: _____	☐ Curb Cut ☐ Demolition and Removal ☐ Fire Alarm ☐ Fire Suppression System ☐ Foundation / Earthwork ☐ Earthwork Only	☐ Fuel Burning ☐ Gas ☐ Oil ☐ Fuel Storage ☐ Mechanical / HVAC ☐ New Building	☐ Plumbing 7C ☐ Sign ☐ Sprinkler 7C ☐ Standpipe 7C 7A Electrical application no. for shed lighting: 7B Related fence job no. 110163180 7C If applicable, provide the secondary permit description here:

8 Construction Superintendent / Site Safety Manager Requirements Not required if applicant is licensee.
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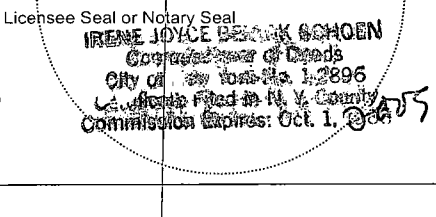
I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (choose one):

☒ Construction Superintendent 10 ☐ Site Safety Manager 10 ☐ Neither

9 Applicant / Contractor Statements and Signatures Required for all applications.
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I hereby state that 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. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

- I hereby state that if a Construction Superintendent or Site Safety Manager is required for this application that 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 that I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Construction Mitigation Plan at the work site.
- I hereby state that 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 Section 27-151 of the Administrative Code, I hereby declare that I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein.

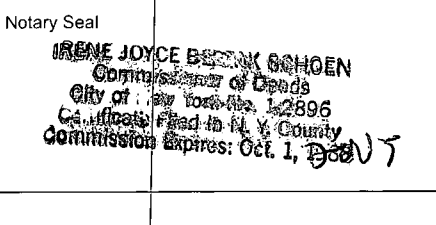
Name (print) <u>Abe Day</u> Signature <u>[Signature]</u> Date _____	Notarization (required if not licensee) State of New York, County of: <u>NY</u> Sworn to or affirmed under penalty of perjury <u>19</u> day of <u>June</u> 20 <u>08</u> Notary Signature <u>[Signature]</u>	Licensee Seal or Notary Seal 
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10 Construction Superintendent or Site Safety Manager Required except if "Neither" is selected in section 8 above. *indicates optional

Last Name <u>McLaughlin</u>	First Name <u>Errol</u>	Middle Initial <u>E</u>
Business Name <u>Star Construction</u>		Telephone <u>[Redacted]</u>
Address <u>336 East 59 St</u>		Fax* _____
City <u>NY</u>	State <u>New York</u>	Zip <u>10022</u>
E-Mail* _____		Mobile Telephone* _____
Registration/License Number <u>21611</u>		

Choose one: ☐ Construction Superintendent ☒ Site Safety Manager

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent/Site Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print) <u>Errol McLaughlin</u> Signature <u>[Signature]</u> Date <u>4/19/08</u>	Notarization State of New York, County of: <u>NY</u> Sworn to or affirmed under penalty of perjury <u>19</u> day of <u>June</u> 20 <u>08</u> Notary Signature <u>[Signature]</u>	Notary Seal 
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