



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 121227118



Scan Code ESHS0736446

BIS Document No., required:

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) 4 Street Name GRAMERCY PARK WEST

Borough MANHATTAN Block 876 Lot 13 BIN 1017951 C.B. No. 106

Work on Floor(s) BAS, CEL, ROF, OSP 001 thru 004 Apt. / Condo No(s)

Total number of dwelling units at location Number of dwelling units occupied during construction

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:
- ☐ Filed as NB (28-101.4-5) ☐ Demolition and Removal ☐ Gas ☐ Sign
- ☐ Boiler ☐ Fire Alarm ☐ Oil ☐ Sprinkler 3C 3B Related fence job no.
- ☐ Construction Equipment ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 3C 3C Secondary permit description (if applies):
- ☐ Chute ☐ 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? ☒ Yes ☐ No Are you altering 10% or more of the existing floor surface area of the building?

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

Last Name Abouhamad First Name Jean Middle Initial

Business Name Sea-Dar Enterprises Inc Business Telephone (212) 561-3374

Business Address 150 W. 30th St, Suite 1300

City New York State Zip 10001

*E-Mail aoesser@seadar.com

- ☐ General Contractor 4A, 4B 4A Provide registration or tracking number: 612
- ☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes ☒ No
- ☐ Master Plumber 4C, 4D 4C License Number:
- ☐ Oil Burner Installer 4C, 4D 4D Is applicant responsible for all work on this ap
- ☐ Sign Hanger 4D If no, describe work responsibility:
- ☐ Professional Engineer 4C, 6
- ☐ Registered Architect 4C, 6
- ☐ Homeowner 4E
- 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)

PW2

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

Last Name	CHIANG	First Name	PETER	Middle Initial	
Business Name	PETER CHIANG ARCHITECT, PLLC			Business Telephone	(516) 581-8768
Business Address	136-33 37TH AVE., SUITE 2C			*Business Fax	
City	QUEENS	State		Zip	11354
*E-Mail	PCHIANG@PCARCHITECTPLLC.COM			*Mobile Telephone	(347) 933-3055
				Registration Number	A10704

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

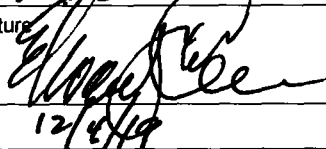
Last Name	CHEVINS II	First Name	EDWARDS	Middle Initial	J
Business Name	SEA-DAR ENTERPRISES INC			Telephone	
Address	150 West 30th Street, Suite 1300			*Fax	
City	NEW YORK	State	NY	Zip	10001
*E-Mail	TCHEVINS@SEADAR.COM			*Mobile Telephone	(347) 266-5032
				Registration Number	27726

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)

EDWARDS J. CHEVINS II

Signature



Date

12/4/19

Notarization

State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

4th day of December 2019

Notary Signature

Lyndell Matland

Notary Seal

LYNDELL MATLAND
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MA637953T
Qualified in Bronx County
Commission Expires August 20, 2022

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:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

PW2

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	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 Concrete 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	

11 Concrete Safety Manager 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 Concrete Safety Manager (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	

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.
- I hereby state that all construction and demolition workers employed or otherwise engaged at the site and working under this permit have received site safety training in accordance with BC 3321.

☐ Check here if the work authorized by this permit does NOT require adjacent property insurance. (moved from section 13)

Name (print) Jean Abouhamad	Notarization (required if not licensee) State of New York, County of:	Licensee Seal or Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 26 th day of November 2019	LYNDELL MAITLAND NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01MA6379531 Qualified in Bronx County Commission Expires August 20, 2022
Date	Notary Signature Lyndell Maitland	