



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 121800863



Scan Code ESHS5243110

BIS Document No., required. 121800863

1 Reason For Filing *Required for all applications.*

- ☐ Initial Permit *Complete all sections.* Expected work start date: 10/15/2015
☐ 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) 155 Street Name W 126 STREET

Borough MANHATTAN

Block 1911

Lot 10

BIN

C.B. No.

Work on Floor(s) 001

Apt. / Condo No(s)

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

- ☒ Alteration
☐ Filed as NB (28-101.4-5)
☐ Boiler
☐ Construction Equipment
☐ Chute
☐ Fence
☐ Sidewalk Shed 3A
☐ 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 3B
☐ Plumbing 3C 3A Electrical application no. for shed lighting:
☐ Sign
☐ Sprinkler 3C 3B Related fence job no.
☐ Standpipe 3C 3C Secondary permit description (if applies):

- 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 HUSSAIN

First Name ARIF

Middle Initial

Business Name KING STAR CONSTRUCTION CO. INC

Business Address 37-22 73 ST.SUITE 2E

City JACKSON HTS

State NY

Zip 11372

*E-Mail

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 60
☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☒ Yes ☐ No
☐ Master Plumber 4C, 4D 4C License Number: 130279
☐ 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).

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

Last Name	Lebovits / Ali	First Name	Abe / Nazeema	Middle Initial	
Business Name	Building Solution Services Inc.			Business Telephone	718-599-1102
Business Address	781 Kent Avenue			*Business Fax	
City	Brooklyn	State	NY	Zip	11205
*E-Mail	info@thebuildingsolution.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	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, or Site Safety Coordinator, or Site 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	

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)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

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		First Name		Middle Initial
Business Name				Telephone
Address				*Fax
City	State	Zip	*Mobile Telephone	
*E-Mail			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	*Mobile Telephone	
*E-Mail			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.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print) ARIF HUSSAIN	Notarization (required if not licensee) State of New York, County of: Kings	Licensee Seal or Notary Seal MOHAMMED BATEN SR. Notary Public State Of New York No.01BA5053094 Qualified In Kings County Commission Expires Dec.11,2017
Signature <i>Arif Hussain</i>	Sworn to or affirmed under penalty of perjury 30th day of Sept 2015	
Date 09-30-15	Notary Signature <i>[Signature]</i>	