

PW2: Work Permit Application
Must be typewritten.

DEPT BLDGS Job No. 123749033
Scan Code ESHS6209770

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) 484 Street Name Broadway
Borough Manhattan Block 473&al Lot 14 BIN 1079135 C.B. No. 102
Work on Floor(s) 3, 4, 5 Apt. / Condo No(s)
Total number of dwelling units at location 2 Number of dwelling units occupied during construction 2

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 Faglione First Name Anthony Middle Initial
Business Name Capital Improvement Services Business Telephone 848-604-0000
Business Address 10-31 44th Drive
City Long Island City State NY Zip 11101
*E-Mail erica@teamcls.com

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 139
☐ 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 a
☐ Sign Hanger 4D *If no, describe work responsibility:*
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner
DOB approval required. 4E



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 Lic/Ram/San/Sim

First Name Lee/Mar/Geo/Cle

Middle Initial

Business Name Archetype Consultants Inc.

Business Telephone 212-414-8777

Business Address 1 Penn Plaza, Suite 3508

*Business Fax

City New York

State NY

Zip 10119

*Mobile Telephone

*E-Mail anderson@archetypeus.com

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

*Mobile Telephone

*E-Mail

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

Notary Seal

State of New York, County of:

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

*Mobile Telephone

*E-Mail

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

Notary Seal

State of New York, County of:

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, 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 101-18, 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) Anthony Fagione	Notarization (required if not licensee) State of New York, County of:	Licensee Seal ERICA MARIE AZAKAS COMMISSION EXPIRES Nassau County NOTARY PUBLIC 0142638139 MARCH 7, 2020 STATE OF NEW YORK
Signature	Sworn to or affirmed under penalty of perjury 14th day of Jan 2020	
Date 1/14/20	Notary Signature	