



PW2: Work Permit Application

Must be typewritten.



BIS Document No. required: 123778395

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) 38 Street Name W 38 Street

Borough Manhattan Block 839 Lot 68 BIN 1015979 CB No.

Work on Floor(s) Cel 01 Rof Apt./Condo No(s)

Total number of dwelling units at location 0 Number of dwelling units occupied during construction 0

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 | |
| ☐ Chute ☐ Fence | ☐ Foundation/Earthwork | ☐ Mechanical/HVAC | | 3C Secondary Permit Description:
(if applies) |
| ☐ 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 Mucci First Name Raymond Middle Initial A

Business Name Crossfield Plumbing and Heating Corp Business Telephone 718-961-8199

Business Address 122-07 18th Avenue *Business Fax

City College Point State NY Zip 11356 *Mobile Tel

Email crossfieldphcorp@gmail.com Taxp

- ☐ General Contractor 4A, 4B 4A Provide registration or tracking number:
- ☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes ☐ No If Yes, HIC License No.:
- ☒ Master Plumber 4C, 4D 4C License No.: 0989
- ☐ 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) 4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content: _____



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 Li		First Name Yanbin	Middle Initial
Business Name YBL NY INC		Business Telephone (646) 361-0328	
Business Address 99-36 63 Ave		*Business Fax	
City Rego Park	State NY	Zip 11374	*Mobile Telephone
*Email Lybonline@hotmail.com		Registration Number 2179	

6 INSURANCE (PE/RA 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)

I, the applicant/contractor, hereby declare the scope of work filed under this permit application requires: (choose one – * indicates optional)

☐ Construction Superintendent		☐ Site Safety Coordinator		☐ Site Safety Manager	
Last Name		First Name		Middle Initial	
Business Name				Telephone	
Address				*Fax	
City	State	Zip		*Mobile Telephone	
*Email				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

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name		First Name	Middle Initial
Business Name		Telephone	
Address		*Fax	
City	State	Zip	*Mobile Telephone
*Email		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	

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Business Address		*Business Fax		
City	State	Zip	*Mobile Telephone	
*Email		Registration Number		

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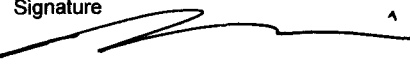
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Business Name		Telephone		
Address		*Fax		
City	State	Zip	*Mobile Telephone	
*Email		Registration Number		

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) Raymond A. Mucci	Notarization State of New York, County of:	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury day of 20	
Date 02-04-2026	Notary Signature	