



PW2: Work Permit Application

Must be typewritten.

☒

 Orient and affix BIS
job number label here

☒

BIS Document No., required:

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)

505

Street Name

WEST 47 STREET

Borough

MANHATTAN

Block

1076

Lot

7501

BIN

1088435

C.B. No.

104

Work on Floor(s)

001

Apt. / Condo No(s)

1FS

Total number of dwelling units at location

108

Number of dwelling units occupied during construction

107

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

MISHALI

First Name

ALAN

Middle Initial

Business Name

DESIGN SMART NYC INC

Business Telephone

(213) 257-9577

Business Address

85 BROAD STREET

*Business Fax

City

NEW YORK

State

NY

Zip

10004

*Mobile Telephone

*E-Mail

Taxpayer ID

474338227

☒ General Contractor

4A, 4B

4A

Provide registration or tracking number: 615009

☐ Fire Suppression Contractor

4C,4D

4B

Does work require a HIC license? ☐ Yes ☐ No *If yes, HIC license number:*

☐ Master Plumber

4C,4D

4C

License Number:

☐ 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

Mechanical equipment other than _____ or demolition or removal of debris (BC §3306.4).



5

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

Last Name	DZIEWIT	First Name	KAMILA	Middle Initial	
Business Name	KX CONSULTING INC			Business Telephone	(646) 353-5741
Business Address	7167 70TH ST			*Business Fax	
City	GLENDALE	State	NY	Zip	11385
*E-Mail				Registration Number	004582

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	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 of20	
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	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 of20	
Date	Notary Signature	

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	*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.
 - 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) ALAN MISHALI	Notarization (required if not licensee) State of New York, County of: New York	Licensee Seal or Notary Seal MYRA MARTINEZ NOTARY PUBLIC - STATE OF NEW YORK NO. 01MA6108670 QUALIFIED IN RICHMOND COUNTY MY COMMISSION EXPIRES APRIL 19, 2024
Signature 	Sworn to or affirmed under penalty of perjury day of June 2020	
Date 06/17/20	Notary Signature 	