



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as instructed

DEPT. BLDGS	210013037	Job Number
Scan Code		SC070807012

1 Reason for Filing ☒ Initial Permit (complete all sections) Expected Job Start Date: 08-28-07
☐ Renewal with change (complete all sections including notarizing and signing section 9)
☐ Renewal with no change (complete sections 6, 7 & 8 only)

2 Location

Borough **BRONX** Block **2643** Lot(s) **162** BIN **2830757**
House No(s). **640** Street Name **CONCORD AVE**

3 Applicant/Contractor

Last Name DOWNES	First Name CHRISTOPHER	M.I.	Tax-payer ID: 84-1674222
Business Name EVEREST SCAFFOLDING INC	Business Phone (718) 328-1004	E-Mail Address	
Address 420 MANIDA AVE	City BRONX	State NY	ZIP 10474

4 Filing Representative

 Complete if different from applicant listed in section 3.

Last Name ITWARIE/MONTOYO/RAMDEO	First Name BEN/JON/NAT	M.I.	Registration No. 146591
Business Name A1 EXPEDITING SERVICE CORP	Business Phone (718) 366-1820	E-Mail Address	
Address 959 FULTON STREET	City FARMINGDALE	State NY	ZIP 11735

5 Insurance (P.E. / R.A. only)

 Check off all required items and submit with this permit application

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law:

☐ Workman's Compensation Insurance (for all permits) ☐ Liability Insurance (for NB permits) ☐ Street Obstruction Bond Insurance (for EQ permits)
☐ Disability Insurance (for all permits)

For renewal with no change, complete only sections (6, 7 & 8) below

6 Applicant Information

Please check which one of the following applies to the applicant for this permit (select one only)

☐ Licensee (Provide number and check off type): ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger Lic. No.: _____
☐ Does the Work Permit applied for require a H.I.C. license? ☒ No ☐ Yes (Provide H.I.C. # here if yes): _____
☒ General Contractor, Provide Tracking No. (mandatory): **32158**
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)

If MP, FSC, or OBI applicant, are you responsible for all work on this permit? ☐ Yes ☐ No If not, please describe type of work below:

7 Type of Permit

☐ No Work Permit

For a new building (NB) permit, provide related fence application number (9 digits): _____

☐ New Building	☐ Alteration	☐ Sign	☐ Boiler	☐ Standpipe
☐ Demolition & Removal	☐ Plumbing	☐ PA	☐ Fuel Burning: ☐ Oil ☐ Gas	☐ Fire Alarm
☐ Foundation/Earthwork	☐ Curb Cut	☐ Fuel Storage	☐ Sprinkler	☐ Fire Suppression System
☐ Earthwork Only	☒ Construction Equipment			☐ Mechanical/HVAC

→ For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.

If this is a secondary plumbing, sprinkler, of standpipe permit, provide the secondary permit description here: _____

8 Statements & Signatures

 —must be completed by all applicants (for renewals with no change, check off (x) box below)

I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.

☐ I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.

Seal (if applicable)

Applicant Name (Please print) **CHRISTOPHER DOWNES**

Title **GENERAL CONTRACTOR**

Signature

Date

08-28-07

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number - **MANDATORY**
(Affix Label or type in number)

Document Number: **01**
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3

Last Name DOWNES	First Name CHRISTOPHER	M.I.
Business Name EVEREST SCAFFOLDING INC	Business Phone (718) 328-1004	E-Mail Address
Address 420 MANIDA AVE	City BRONX	State NY ZIP 10474
Check one: ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger ☒ General Contractor ☐ HIC ☐ Demo Contractor ☐ Home Owner		
Taxpayer ID No 84-1674222		Lic No.

9b Superintendent of Construction Statement (required)

I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.

Seal (if applicable)	Name (please print) CHRISTOPHER DOWNES	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed)	
	Signature 	State of New York, County of W AUG 28 2007	
	Date AUG 28 2007	Notary Signature 	Notary Seal JEEWAN ITWARIE NOTARY PUBLIC - STATE OF NEW YORK NO. 01-IT6055145 QUALIFIED IN KINGS COUNTY MY COMMISSION EXPIRES 02-20-20
	The applicant's signing and notarization must take place on the same date		

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Certificate No.:		

10a Contractor's Statement for Site Safety Plan

I have advised the individual named above that they have been designated as the Site Safety Manager.

I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs.

I agree to either substitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City

of New York to withdraw the proceeding against the said Site Safety Manager.

I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.

I acknowledge, certify, and accept all of the above.

Contractor Name	
Title	
Signature	Date

10b Site Safety Manager Statement

I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations.

I acknowledge, certify, and accept all of the above.

Name	
Title	
Signature	Date

Notarization for Site Safety Manager

State of New York, County of

Sworn to or affirmed under penalty of perjury day of 20

Notary Signature	Notary Seal
------------------	-------------