



Work Permit Application

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



1 Reason for Filing

- ☒ Initial Permit (complete all sections) Expected Job Start Date: _____
☐ 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 **2994** Lot(s) **13** BIN **2816752**
House No(s). **1428** Street Name **VYSE AVENUE**

3 Applicant/Contractor

Last Name **SMOLARCHIK** First Name **BOAZ** M.I. **A** Tax-payer ID _____
Business Name **RAMON BUIDLING AND CONSTRUCTION** Business Phone **718 206 0550** E-Mail Address _____
Address **71 SOUTH CENTRAL AVENUE** City **VALLEY STREAM** State **NY** ZIP _____

4 Filing Representative

Complete if different from applicant listed in section 3.

Last Name **TEJEDA/RODRIGUEZ/MELO** First Name **TERESA/JOHN/FRANCISCO** M.I. _____ Registration No. _____
Business Name **GDY PROPERTIES, INC** Business Phone **516-945-6660** E-Mail Address _____
Address **71 SOUTH CENTRAL AVENUE** City **VALLEY STREAM** State **NY** ZIP **11580**

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.: **0**
☐ 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): **26063**
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State 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 | ☐ Fire Alarm |
| ☐ Foundation/Earthwork | ☒ Curb Cut | ☐ Fuel Storage | ☐ Oil | ☐ Gas |
| ☐ Earthwork Only | ☐ Construction Equipment | ☐ Sprinkler | ☐ Fire Suppression System | ☐ 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) **BOAZ A SMOLARCHIK**

Title **GC**

Signature

Date **10/18/2007**

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.



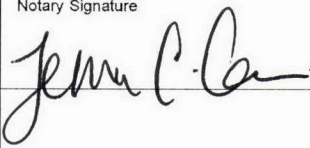
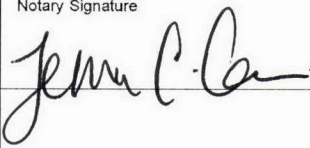
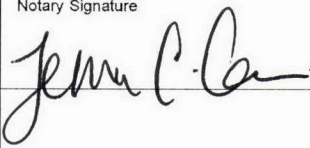
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Job Number - **MANDATORY**
(Affix Label or type in number)

Document Number:
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3		
Last Name SMOLARCHIK	First Name BOAZ	M.I. A
Business Name RAMON BUILDING & CONSTRUCTION CORP.	Business Phone 516-945-6660	E-Mail Address
Address 71 SOUTH CENTRAL AVENUE	City VALLEY STREAM	State NY ZIP 11580
Check one: ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger ☒ General Contractor ☐ HIC ☐ Demo Contractor ☐ Home Owner		
Taxpayer ID No. 02-0675140		Lic No.

9b Superintendent 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.							
<table border="1"><tr><td>Name (please print) BOAZ A SMOLARCHIK</td><td rowspan="2">Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Nassau Sworn to or affirmed under penalty of perjury 31st day of October 20 07</td></tr><tr><td>Signature </td></tr><tr><td>Date 10/18/2007</td><td>Notary Signature </td></tr></table>	Name (please print) BOAZ A SMOLARCHIK	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Nassau Sworn to or affirmed under penalty of perjury 31st day of October 20 07	Signature 	Date 10/18/2007	Notary Signature 	<table border="1"><tr><td>Notary Seal JENNA C. CARERI Notary Public, State of New York No. 02CA6166404 Qualified in Nassau County Commission Expires 05/21/20 11</td></tr></table>	Notary Seal JENNA C. CARERI Notary Public, State of New York No. 02CA6166404 Qualified in Nassau County Commission Expires 05/21/20 11
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Seal (if applicable) 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	Notary Signature
Sworn to or affirmed under penalty of perjury day of 20	Notary Seal