



PW2: Work Permit Application

Must be typewritten.



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 *Complete all sections.* ☐ Renewal Permit without changes 1, 5, 7-11

2 Location Information *Required for all applications.*

House No(s) 2916 Street Name hering ave
Borough bronx Block 4560 Lot 113 BIN 2055173 CB No. 211
Work on Floor(s) Apt/Condo No(s)

3 Applicant / Contractor *Required for all applications. (* Indicates optional.)*

Last Name herskoviz First Name danial Middle Initial
Business Name M D L building inc. Business Telephone 718-239-2100
Business Address 3800 independence ave *Business Fax 718-239-2188
City bronx State ny Zip 10463 *Mobile Telephone
*E-Mail isaac36@gmail.com Taxpayer ID

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

Last Name rouemy First Name yitzhak Middle Initial
Business Name hering holding inc Business Telephone 718-239-2100
Business Address 740 morris park ave *Business Fax 718-239-2188
City bronx State ny Zip 10462 *Mobile Telephone 718-679-2205
*E-Mail isaac36@gmail.com Registration Number ro3799

5 Additional Applicant / Contractor Information

- ☒ General Contractor } 5A or 5B-C 5A General Contractor Registration No.: 37780
☐ Demolition Contractor } 5B, 5C 5B Insurance Tracking Number
☐ Fire Suppression Contractor } 5C Does work require a HIC license? ☐ Yes ☒ No
☐ Master Plumber } 5D, 5E If yes, HIC license number:
☐ Oil Burner Installer } 5D 5D License Number:
☐ Sign Hanger } 5D 5E Is applicant responsible for all work on this application?
☐ Professional Engineer } 5D, 6 ☒ Yes ☐ No If no, describe work responsibility:
☐ Registered Architect
☐ Homeowner*
*DOB approval required.

6 Insurance *P.E. / R.A. only.*

Compensation insurance has been secured in accordance with the requirements of the Workers' Compensation Law. Check off all requirements and submit documentation with application.

- ☐ Liability Insurance (NB permits only)
Required for all permits:
☐ Workers' Compensation Insurance
☐ Disability Insurance

7 Type of Permit *Choose one and complete any appropriate sub-choices or other information.*

- | | | | | |
|---|--|---|---------------------------------------|---|
| ☐ Alteration 7D | ☐ Curb Cut | ☐ Fuel Burning | ☐ Plumbing 7C | 7A Electrical application no. for shed lighting: |
| ☐ Boiler | ☐ Demolition and Removal | ☐ Gas | ☐ Sign | 7B Related fence job no. |
| ☐ Construction Equipment | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 7C | 7C Secondary permit description (if applies): |
| ☐ Chute | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 7C | |
| ☐ Fence | ☐ Foundation / Earthwork | ☐ Mechanical / HVAC | | 7D Mechanical means* to be used? |
| ☐ Sidewalk Shed 7A | Area of site (sq. ft): | ☒ New Building 7B | | ☐ Yes 11 ☐ No |
| ☐ Supported Scaffold | ☐ Earthwork Only | | | |
| ☐ Other: _____ | | | | |



DEPT.BLDGS FC-PW2.V3-02

*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

8 Construction Superintendent / Site Safety Manager Requirements *Not required if applicant is licensee.*

I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (choose one):

☒ Construction Superintendent 10
 ☒ Site Safety Manager 11
 ☐ Site Safety Coordinator 11
 ☐ None
9 Applicant / Contractor Statements and Signatures *Required for all applications.*

I hereby state the above information is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Such action is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

- I hereby state if a Construction Superintendent is required for this application I have hereby advised the individual listed below he or she is designed as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings.
- I hereby state I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Noise Mitigation Plan at the work site.
- I hereby state this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site 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.

Name (print)
herskoviz danial

Signature

Date 07/21/2008

Notarization (required if not licensee)
State of New York, County of:

Sworn to or affirmed under penalty of perjury

July day of 21 2008

Notary Signature

JED MATHEW DAVID PHILWIN
 Licensee/Notary Seal
 NOTARY PUBLIC, State of New York
 No. 02PH6108121
 Qualified in Kings County
 Commission Expires 04/12/2009

10 Construction Superintendent *Required if applicable. (* Indicates optional.)*

Last Name	herskoviz	First Name	danial	Middle Initial	
Business Name	M D L BUILDING INC			Telephone	718-239-7478
Address	3800 independence ave			*Fax	718-239-2188
City	bronx	State	ny	Zip	10463
*E-Mail	isaac36@gmail.com			*Mobile Telephone	718-679-2205
				Registration Number	37780 21656

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent as set forth in the Department of Buildings rules and regulations.

Name (print) herskoviz danial

Signature

Date 07/21/2008

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

July day of 21 2008

Notary Signature

JED MATHEW DAVID PHILWIN
 Notary Seal
 NOTARY PUBLIC, State of New York
 No. 02PH6108121
 Qualified in Kings County
 Commission Expires 04/12/2009

11 Site Safety Manager/Coordinator *Required if applicable. (* Indicates optional.)*

Last Name	herskoviz	First Name	danial	Middle Initial	
Business Name	M D L building inc			Telephone	718-239-7478
Address	3800 independence ave			*Fax	718-239-2188
City	bronx	State	ny	Zip	10463
*E-Mail	isaac36@gmail.com			*Mobile Telephone	718-679-2205
				Certificate Number	802270 21656

Choose one: ☐ Site Safety Manager ☐ Site Safety Coordinator

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager/Site Safety Coordinator (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print)
herskoviz danial

Signature

Date 07/21/2008

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

July day of 21 2008

Notary Signature

JED MATHEW DAVID PHILWIN
 Notary Seal
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