



PW2: Work Permit Application

Must be typewritten.



BIS Document No., required:

1 Reason For Filing Required for all applications.

- ☒ Initial Permit Complete all sections. Expected work start date: 07.07.10 ☐ Renewal Permit with changes Complete all sections.
☐ No Work Permit ☐ Renewal Permit without changes 1, 3, 4, 7 - 11

2 Location Information Required for all applications.

House No(s) 200 Street Name EAST 205TH STREET

Borough BRONX

Block 3311

Lot 120

BIN 2017357

C.B. No. 207

Work on Floor(s)

Apt. / Condo No(s)

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: |
| ☐ Boiler | ☐ Demolition and Removal | ☐ Gas | ☐ Sign | |
| ☒ Construction Equipment | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 3C | 3B Related fence job no. |
| ☐ Chute | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C | 3C Secondary permit description (if applies): |
| ☐ 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 If no, 9
- ☐ Yes ☒ No Are mechanical means* to be used?

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

Last Name SINGH

First Name PRABJIT

Middle Initial

Business Name ROCK SCAFFOLDING CORP.

Business Telephone 718 299 8100

Business Address 81-60 243 STREET

*Business Fax

City BELLROSE.

State NY

Zip 11426

*Mobile Telephone

*E-Mail

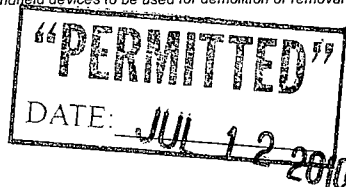
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- | | | |
|--|--------|---|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: 602613 |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license number: |
| ☐ Master Plumber | 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.



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



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

Last Name OWENS/SAM/ITW/PAS/WES		First Name MIC/RAM/KHE/ASL/CHR		Middle Initial
Business Name CW CONSULTING SERVICES LLC			Business Telephone 718 419 0641	
Business Address 70-10 67 STREET			*Business Fax	
City GLENDALE	State NY	Zip 11385	*Mobile Telephone	
*E-Mail			Registration Number 145423	

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	*Mobile Telephone	
*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 of 20	
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	*Mobile Telephone	
*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 of 20	
Date	Notary Signature	

9 Concrete Information Choose and complete any appropriate sub-choices or other information.

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

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	

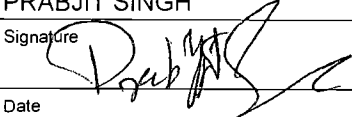
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Subcontractor as set forth in the Department of Buildings rules and regulations.

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 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, Site Safety Coordinator, or Site 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 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 Coordinator, Site Safety Manager, Subcontractors 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, the permit or copy thereof shall be posted securely at the worksite in a conspicuous visible location within three days of the issuance but not later than commencement of work and shall remain posted throughout the duration of work.
- In accordance with §28-105.12.7, I hereby certify that my insurance provides coverage of the required type, in the required amounts, for the nature and scope of work authorized by this permit.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.
- In accordance with §1814.3, §3309.3, §3309.4, and §3309.6, I hereby certify that I have conducted a physical examination of the adjacent buildings, prepared a narrative of a suitable monitoring program for such buildings, and have recorded both of these activities in a Pre-construction survey to be kept on the job site and made available to the department upon request.

Name (print) PRABJIT SINGH	Notarization (required if not licensee) State of New York, County of: <u>Queens</u>	Licensee Seal or Notary Seal NEELA ITWARIA NOTARY PUBLIC - STATE OF NEW YORK NO. 01-IT6056117 QUALIFIED IN KINGS COUNTY MY COMMISSION EXPIRES 03-19-2011
Signature 	Sworn to or affirmed under penalty of perjury 27 day of <u>June</u> 20 <u>10</u>	
Date	Notary Signature 	