DEPT OF BLDGS 220649118 Job Number

ES639661245 Scan Code

NYC Buildings

PW2: Work Permit Application

Form must be typewritten.

Orient and affix BIS job number label here

BIS Document No. *required:* 1

1 REASON FOR FILING *(required for **all** applications)*

- [x] Initial Permit *(complete all sections)* Expected work start date: 07-25-2022
- [ ] 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) 760 Street Name East 166th Street (NYCHA Forest Houses, Bld. #6 - FC)

Borough Bronx Block 2640 Lot 1 BIN 2091973 CB No. 203

Work on Floor(s) Roof Apt./Condo No(s) -

Total number of dwelling units at location 72 Number of dwelling units occupied during construction 72

3 TYPE OF PERMIT *(choose **one** and complete any appropriate sub-choices or other information)*

- [x] Alteration
- [ ] Filed as NB (28-101.4-5)
- [ ] Boiler
- [ ] Construction Equipment
  - [ ] Chute [ ] Fence
  - [ ] Sidewalk Shed *3A*
  - [ ] Supported Scaffold
  - [ ] Other: _____
- [ ] Curb Cut
- [ ] Demolition and Removal
- [ ] Fire Alarm
- [ ] Fire Suppression System
- [ ] Foundation/Earthwork
  Area of site (sq. ft): _____
  - [ ] Earthwork Only
- [ ] Fuel Burning
  - [ ] Gas
  - [ ] Oil
- [ ] Fuel Storage
- [ ] Mechanical/HVAC
- [ ] New Building *3B*
- [ ] Plumbing *3C*
- [ ] Sign
- [ ] Sprinkler *3C*
- [ ] Standpipe *3C*

3A Electrical Application No.: *(for shed lighting)* _____

3B Related Fence Job No. _____

3C Secondary Permit Description: *(if applies)* _____

3D
- [ ] Yes [x] No Are you adding more than three stories?
- [ ] Yes [x] No Are you performing work in 50% or more of the area of the building?
- [ ] Yes [x] No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building?
- [ ] Yes [x] No Are mechanical means to be used?
- [ ] Yes [x] No Are you removing one or more stories? *If Yes, 8*
- [ ] Yes [x] No Are you demolishing 50% or more of the area of the building? *If Yes, 8*
- [ ] Yes [x] No Does your approved work include concrete? If *Yes*, is your concrete work completed? [ ] Yes [ ] No *complete section 9*
- [ ] Yes [x] 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 Singh First Name Jaswant Middle Initial -

Business Name R. S. N. Construction Co., Inc. Business Telep[redacted]

Business Address 246 West 40th Street, Suite #301 *Business Fax [redacted]

City New York State NY Zip 10018 *Mobile Telephon[redacted]

Email rsnconstruction@gmail.com Taxpayer ID [redacted]

- [x] General Contractor *4A, 4B*
- [ ] Fire Suppression Contractor *4C,4D*
- [ ] Master Plumber *4C,4D*
- [ ] Oil Burner Installer *4C,4D*
- [ ] Sign Hanger *4D*
- [ ] Professional Engineer *4C, 6*
- [ ] Registered Architect *4C, 6*
- [ ] Homeowner *(DOB approval required)*

4A *Provide registration or tracking number:* 601862

4B Does work require a HIC license? [ ] Yes [x] No If *Yes*, HIC License No.:

4C License No.:

4D Is applicant responsible for all work on this application? [x] Yes [ ] No

If *No*, describe work responsibility:

4E

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

5 FILING REPRESENTATIVE *(complete if different from applicant specified in Section 3)* * *indicates optional*

Last Name Khan First Name Asif Middle Initial M.

Business Name AriStar Group, LLC Business Telephone (917) 440-4942

Business Address 2556 Legion Street *Business Fax

City Bellmore State NY Zip 11710 *Mobile Telephone (917) 440-4942

*Email aristargroupllc@gmail.com Registration Number 5534

6 INSURANCE *(PE/RA 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)*

I, the applicant/contractor, hereby declare the scope of work filed under this permit application requires: *(choose one – * indicates optional)*

☐ Construction Superintendent ☐ Site Safety Coordinator ☐ Site Safety Manager

Last Name First Name Middle Initial

Business Name Telephone

Address *Fax

City State Zip *Mobile Telephone

*Email 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*

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If *No*, complete this section.

Last Name First Name Middle Initial

Business Name Telephone

Address *Fax

City State Zip *Mobile Telephone

*Email 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)*

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*

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If *No*, complete this section.

Last Name | First Name | Middle Initial

Business Name | Telephone

Address | *Fax

City | State | Zip | *Mobile Telephone

*Email | 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

*Email | 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

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.
- In accordance with §28-120.3 of the Administrative Code, I certify that, if applicable, any tenant protection plan submitted for this work coordinates with the scope of work intended.
- I understand that, pursuant to §28-120.1 of the Administrative Code, if applicable, the registered design professional who prepares the tenant protection plan must be retained by the general contractor performing the work.

Name *(print)* Jaswant Singh	Notarization *(required if not license)* State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 13 day of July 20 22	
Date 07-13-2022	Notary Signature Michelle Ortiz	

Michelle Ortiz
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in Queens County
01OR6415359
MY COMMISSION EXPIRES 03/15/2025