



## PW2: Work Permit Application

Must be typewritten.

8/7/09 window

|             |           |            |
|-------------|-----------|------------|
| DEPT.BLDGS  | 310030953 | Job Number |
| SC090807600 |           | Scan Code  |

BIS Document No., required: 01

**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) 19 Street Name Powers Street

Borough Brooklyn Block 2773 Lot 51 BIN 3069159 CB No. 301

Work on Floor(s) 1st & 2nd Apt/Condo No(s)

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

Last Name Mai First Name Min Jie Middle Initial

Business Name Great Will Construction Inc. Business Telephone (212) 925-5668

Business Address 16B Orchard Street \*Business Fax (212) 925-1803

City New York State NY Zip 10002 \*Mobile Telephone

\*E-Mail greatwillinc@verizon.net Taxpayer ID

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

Last Name Potestio/Conliffe/Duke First Name Anthony/San/Mik/Vel Middle Initial

Business Name J. Callahan Consulting Inc. Business Telephone 212.766.2115x23

Business Address 299 Broadway Suite 1420 \*Business Fax 212.766.2787

City New York State NY Zip 10007 \*Mobile Telephone

\*E-Mail anthony@jcallahan.com Registration Number P82915

**5 Additional Applicant / Contractor Information**

- ☒ General Contractor } 5A or 5B-C 5A General Contractor Registration No.:  
☐ 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: 1143631  
☐ Oil Burner Installer } 5D License Number:  
☐ Sign Hanger } 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.

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



\*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.
- 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.

Name (print)

Min Jie Mai

Signature

Date

7/28/09

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

Sworn to or affirmed under penalty of perjury

25th day of July 2009

Notary Signature

Licensee Seal or Notary Seal

WING-LEE-YEE  
Notary Public State of New York  
No. 01YE4660721  
Qualified in New York County  
Commission Expires May 31, 2011

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

|               |       |                     |                   |
|---------------|-------|---------------------|-------------------|
| 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 as set forth in the Department of Buildings rules and regulations.

Name (print)

Signature

Date

Notarization  
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

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

|               |       |                    |                   |
|---------------|-------|--------------------|-------------------|
| Last Name     |       | First Name         | Middle Initial    |
| Business Name |       | Telephone          |                   |
| Address       |       | *Fax               |                   |
| City          | State | Zip                | *Mobile Telephone |
| *E-Mail       |       | Certificate Number |                   |

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)

Signature

Date

Notarization  
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal