



PW2: Work Permit Application

Must be typewritten.



BIS Document No., required: 01

1 Reason For Filing *Required for all applications.*

- ☒ Initial Permit *Complete all sections.* Expected work start date: 05/16/08 ☐ Renewal Permit with changes *Complete all sections.*
☐ No Work Permit *Complete all sections.* ☐ Renewal Permit without changes *1, 5, 7-10*

2 Location Information *Required for all applications.*

House No(s) 146 Street Name Knickerbocker Ave
Borough Brooklyn Block 3158 Lot 27 BIN 3071972 CB No. 304
Work on Floor(s) 001 Apt/Condo No(s) _____

3 Applicant / Contractor *Required for all applications. * indicates optional.*

Last Name Wasserman First Name Streven Middle Initial _____
Business Name C 2 Plumbing Inc Business Telephone (718) 609-6090
Business Address 36-33 22nd Street Business Fax* (718) 609-6093
City Long Island City State New York Zip 11106 Mobile Telephone* (973) 390-4952
E-Mail* swasser474@aol.com Taxpayer ID ~~12-3456789~~

4 Filing Representative *Complete if different from applicant/contractor information. * indicates optional.*

Last Name _____ Middle Initial _____
Business Name _____ Business Telephone _____
Business Address _____ Business Fax* _____
City _____ State New York Zip _____ Mobile Telephone* _____
E-Mail* _____ Registration Number _____

5 Additional Applicant / Contractor Information

- ☐ General Contractor } 5A, 5A Insurance Tracking Number:
☐ Demolition Contractor } 5B 5B Does work require a HIC license? ☐ Yes ☒ No
☐ Fire Suppression Contractor } If yes, HIC license number:
☒ Master Plumber } 5C, 5C License Number: LMP # 474
☐ Oil Burner Installer } 5D 5D Is applicant responsible for all work on this application?
☐ Sign Hanger } 5C ☒ Yes ☐ No If no, describe work responsibility:
☐ Professional Engineer } 5C
☐ Registered Architect } 6
☐ Homeowner* } 6

*DOB approval required.

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

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

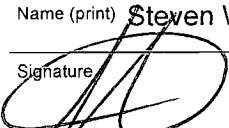
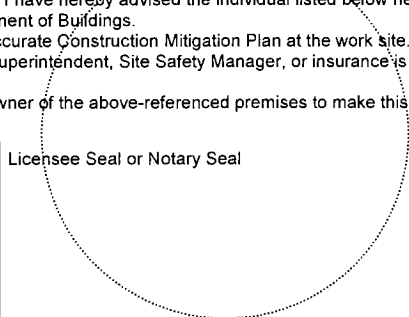
☐ Liability Insurance (NB permits only)

Required for all permits:

- ☐ Workman's Compensation Insurance
☐ Disability Insurance

7 Type of Permit <i>Choose one and complete any appropriate sub-choices or other information.</i>			
☐ Alteration ☐ Boiler ☐ Construction Equipment ☐ Chute ☐ Foundation / Earthwork ☐ Site (sq. ft): ☐ Supported Scaffold ☐ Other: _____	☐ Curb Cut ☐ Demolition and Removal ☐ Fire Alarm ☐ Fire Suppression System ☐ _____ ☐ Earthwork Only	☐ Fuel Burning ☐ Gas ☐ Oil ☐ Fuel Storage ☐ Mechanical / HVAC ☐ New Building 7B	☒ Plumbing 7C 7A Electrical application no. for shed lighting: ☐ Sign ☐ Sprinkler 7C 7B Related fence job no. ☐ Standpipe 7C 7C If applicable, provide the secondary permit description here: _____ _____

8 Construction Superintendent / Site Safety Manager Requirements <i>Not required if applicant is licensee.</i>
I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (<i>choose one</i>):
☐ Construction Superintendent 10 ☐ Site Safety Manager 10 ☐ Neither

9 Applicant / Contractor Statements and Signatures <i>Required for all applications.</i>		
I hereby state that 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. 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 if a Construction Superintendent or Site Safety Manager is required for this application that 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 that I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Construction Mitigation Plan at the work site. • I hereby state that 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 Section 27-151 of the Administrative Code, I hereby declare that 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) Steven Wasserman Signature  Date 05/13/08	Notarization (required if not licensee) State of New York, County of: Sworn to or affirmed under penalty of perjury day of 20 Notary Signature	Licensee Seal or Notary Seal 

10 Construction Superintendent or Site Safety Manager <i>Required except if "Neither" is selected in section 8 above. *indicates optional</i>			
Last Name	First Name	Middle Initial	
Business Name		Telephone	
Address		Fax*	
City	State New York	Zip	Mobile Telephone*
E-Mail*		Registration/License Number	
Choose one: ☐ Construction Superintendent ☐ Site Safety Manager			
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent/Site Safety Manager (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 	