



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: 05-21-08
☐ No Work Permit Complete all sections.

- ☐ Renewal Permit with changes Complete all sections.
☐ Renewal Permit without changes 1, 5, 7, 10

2 Location Information Required for all applications.

House No(s) 1319 Street Name 50 STREET
Borough BROOKLYN Block 5642 Lot 70 BIN 3137770 CB No. 312
Work on Floor(s) OSP Apt/Condo No(s)

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

Last Name LEIBER First Name ALAN Middle Initial
Business Name A1 PREMIER SCAFFOLDING LLC Business Telephone (917) 363-9130
Business Address 2320 OLEAN STREET Business Fax* (347) 284-1830
City BROOKLYN State New York Zip 11210 Mobile Telephone* (917) 363-9130
E-Mail* ALAINLIEBERMANN@AOL.COM Taxpayer ID 26-09463205

4 Filing Representative Complete if different from [REDACTED] * indicates optional.

Last Name ITWA/MONT/BOOD/DEJE H/YAS Middle Initial
Business Name A1 EXPEDITING SERVICE CORP. Business Telephone (718) 366-1820
Business Address 959 FULTON STREET Business Fax* (718) 366-1822
City FARMINGDALE State New York Zip 11735 Mobile Telephone* (917) 440-8221
E-Mail* A1EXPEDITERS@AOL.COM Registration Number I46591

5 Additional Applicant / Contractor Information

- ☒ General Contractor } 5A, 5A Insurance Tracking Number: 36671
☐ Demolition Contractor } 5B 5B Does work require a HIC license? ☐ Yes ☒ No
☐ Fire Suppression Contractor } 5C, If yes, HIC license number:
☐ Master Plumber } 5D 5C License Number:
☐ 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.

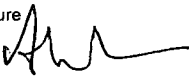
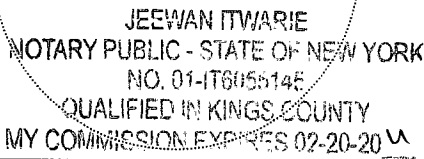
☐ Liability Insurance (NB permits only)

Required for all permits:

- ☐ Workman's Compensation Insurance
☐ Disability Insurance

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

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 10 ☒ Neither

9 Applicant / Contractor Statements and Signatures Required for all applications.		
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) ALAN LEIBER Signature  Date 05-21-08	Notarization (required if not licensee) State of New York, County of: <u>W</u> Sworn to or affirmed under penalty of perjury 21 day of MAY 20 08 Notary Signature 	Licensee Seal or Notary Seal 

10 Construction Superintendent or Site Safety Manager Required except if "Neither" is selected in section 8 above. *indicates optional				
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		