



PW2: Work Permit Application

Must be typewritten.



BIS Document No., required: 310166147

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, 7-10

2 Location Information Required for all applications.

House No(s) 3168 Street Name CONEY ISLAND AVENUE
Borough BROOKLYN Block '8678 Lot 77 BIN 3245017 CB No. 313
Work on Floor(s) 001 Apt/Condo No(s)

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

Last Name ANDERSON First Name RUPERT Middle Initial
Business Name ALFOMEGA CONSTRUCTION Business Telephone (347) 239-3586
Business Address 116-42, 144 STREET Business Fax*
City QUEENS State New York Zip 11436 Mobile Telephone*
E-Mail* randerson@alfomega.us Taxpayer ID 01-0835104

4 Filing Representative Complete if different from 3. * indicates optional.

Last Name DOOLEY/HERMAN/DEANS /M Middle Initial
Business Name LANDIS DOOLEY ARCHITECT P.L.L.C. Business Telephone (718) 622-5102
Business Address 890 ATLANTIC AVENUE Business Fax* (718) 622-5102
City BROOKLYN State New York Zip 11238 Mobile Telephone*
E-Mail* Registration Number

5 Additional Applicant / Contractor Information

- ☒ General Contractor } 5A, 5A Insurance Tracking Number: 38847
☐ 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:
☐ 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* }
*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

Pay penalty violation application
3427287/0 34390827X8
34612453H
Pay \$5000 = cap
5/8/29 d

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:
☒ Fence	☐ Foundation / Earthwork	☐ Mechanical / HVAC		
☐ Side [REDACTED] (sq. ft):	☐ New Building 7B			
☐ Supp [REDACTED]				
☐ 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) RUPERT ANDERSON

Signature

Date

Notarization (required if not licensee)

State of New York, County of:

Sworn to or affirmed under penalty of perjury

30th day of JULY 2008

Notary Signature

Licensee Seal or Notary Seal

EXP 2012

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 [REDACTED]	
Address	Fax*	
City	State New York	Zip
E-Mail*	Mobile Telephone*	
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