



037960

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: _____ ☐ Renewal Permit with changes Complete all sections.
- ☐ No Work Permit ☐ Renewal Permit without changes 1, 3, 4, 7 - 10

2 Location Information Required for all applications.

House No(s) 2453 Street Name East 12th St

Borough Brooklyn

Block 7413

Lot 65

BIN 3254239

C.B. No. 315

Work on Floor(s) 1

Apt. / Condo No(s)

3 Type of Permit Choose one and complete any appropriate sub-choices or other information.

- | | | | |
|---|--|--|---|
| ☐ Alteration | ☐ Curb Cut | ☐ Fuel Burning | ☐ Plumbing 3C 3A Electrical application no. for shed lighting: |
| ☐ Boiler | ☒ Demolition and Removal | ☐ Gas | ☐ Sign |
| ☐ Construction Equipment | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 3C 3B Related fence job no. |
| ☐ Chute | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C 3C Secondary permit description (if applies): |
| ☐ Fence | ☐ Foundation / Earthwork | ☐ Mechanical / HVAC | |
| ☐ Sidewalk Shed 3A | Area of site (sq. ft): | ☐ New Building 3B | |
| ☐ Supported Scaffold | | | |
| ☐ Other: _____ | ☐ Earthwork Only | | |

- 3D ☐ Yes ☒ No Are you adding more than three stories? ☒ Yes ☐ No Are you removing one or more stories? If yes, 9
- ☒ Yes ☐ No Are you performing work in 50% or more of the area of the building? ☒ Yes ☐ No Are you demolishing 50% or more of the area of the building? If yes, 9
- ☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building? ☐ Yes ☒ No Does your work include 2,000 cubic yards or more of concrete? If yes, 8
- ☐ Yes ☒ No Are mechanical means* to be used?

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

Last Name Ramos Jr

First Name Nelson

Middle Initial

Business Name N & M Demolition Inc

Business Telephone 718-965-8024

Business Address 856 Richmond Road

*Business Fax

City Staten Island

State NY

Zip 10304

*Mobile Telephone

*E-Mail

Taxpayer ID 11-3585193

- | | | | |
|--|--------|--|--|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: 037960 | |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license number | |
| ☐ Master Plumber | 4C, 4D | 4C License Number: 021089 | |
| ☐ Oil Burner Installer | 4C, 4D | 4D Is applicant responsible for all work on this application? ☐ Yes ☐ No | |
| ☐ Sign Hanger | 4D | If no, describe work responsibility: | |
| ☐ Professional Engineer | 4C, 6 | | |
| ☐ Registered Architect | 4C, 6 | | |
| ☐ Homeowner* | | | |

*DOB approval required.

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

11/09

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

Last Name Swita

First Name Henry

Middle Initial

Business Name EXPEDITE-DEM., INC.

Business Telephone 718-477-4444

Business Address 99 DARCEY AVENUE

*Business Fax

City STATEN ISLAND

State NY

Zip 10314

*Mobile Telephone

*E-Mail ExpediteDemInc@aol.com

Registration Number S44312

6 Insurance P.E. / R.A. 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. (* Indicates optional.)

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

☒ Construction Superintendent☐ Site Safety Coordinator☐ Site Safety Manager

Last Name Ramos Jr

First Name Nelson

Middle Initial

Business Name N & M Demolition Inc

Telephone 718-965-8024

Address 856 Richmond Road

*Fax 718-448-4180

City Staten Island

State

NY Zip

10304 *Mobile Telephone

*E-Mail

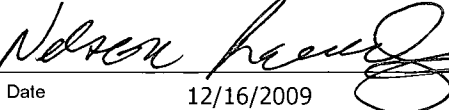
Registration Number 021089

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)

Nelson Ramos Jr

Signature



Date 12/16/2009

Notarization

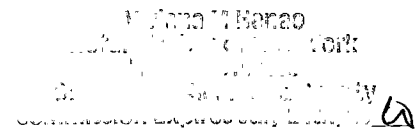
State of New York, County of: Richmond

Sworn to or affirmed under penalty of perjury

16th day of December 2009

Notary Signature

Notary Seal


8 Concrete Subcontractor Required if applicable. (* Indicates optional.)☐ Yes ☐ No Is the applicant/contractor named in section four performing the concrete work for this permit? If no, complete this section.

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 Concrete Subcontractor 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

9 Demolition Subcontractor *Required if applicable. (* Indicates optional.)*

☒ Yes ☐ No Is the applicant/contractor named in section four performing the demolition work for this permit? If no, complete this section.

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

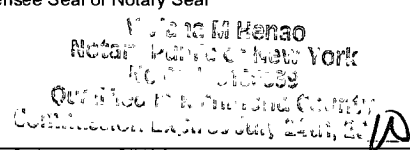
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Demolition Subcontractor as set forth in the Department of Buildings rules and regulations.

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	

10 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, Site Safety Coordinator, or Site 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 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 Coordinator, Site Safety Manager, Subcontractors 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.
- In accordance with §28-105.12.7, I hereby certify that my insurance provides coverage of the required type, in the required amounts, for the nature and scope of work authorized by this permit.
- ☒ Check here if the work authorized by this permit does NOT require adjacent property insurance.
- In accordance with §1814.3, §3309.3, §3309.4, and §3309.6, I hereby certify that I have conducted a physical examination of the adjacent buildings, prepared a narrative of a suitable monitoring program for such buildings, and have recorded both of these activities in a Pre-construction survey to be kept on the job site and made available to the department upon request.

Name (print) Nelson Ramos Jr	Notarization (required if not licensee) State of New York, County of: Richmond	Licensee Seal or Notary Seal
Signature <i>Nelson Ramos Jr</i>	Sworn to or affirmed under penalty of perjury 16th day of December 2009	
Date 12/16/2009	Notary Signature <i>[Signature]</i>	