



PW2: Work Permit Application
Must be typewritten.

DEPT BLDGS Job No. 320464671
Scan Code ESHS6328131

BIS Document No., required: 320464671

1 Reason For Filing Required for all applications.

- ☐ Initial Permit Complete all sections. Expected work start date: _____
☐ No Work Permit
- ☒ Renewal Permit with changes Complete all sections.
☐ Renewal Permit without changes 1, 3, 4, 7 - 12

2 Location Information Required for all applications.

House No(s) 708

Street Name EGAN STREET

Borough BROOKLYN

Block 4452

Lot 308

BIN 3398257

C.B. No. 305

Work on Floor(s) CWS,ROF,OSP,UDG 001 thru 002

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: |
| ☐ Filed as NB (28-101.4-5) | ☐ Demolition and Removal | ☐ Gas | ☐ Sign | |
| ☐ Boiler | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 3C | 3B Related fence job no. 380464603 |
| ☐ Construction Equipment | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C | 3C Secondary permit description (if applies): |
| ☐ Chute ☐ 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, 8
- ☐ 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, 8
- ☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building? ☒ Yes ☐ No Does your approved work include concrete? If yes, is your concrete work completed? ☐ Yes ☒ No complete section 9
- ☐ Yes ☒ No Are mechanical means to be used?

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

Last Name HANSEN

First Name JENS

Business Name MONADNOCK CONSTRUCTION IN

Business Address 155 3RD STREET

City BROOKLYN

State NY

Zip 11231

*E-Mail

- | | | |
|--|--------|--|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: 003 |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No |
| ☐ Master Plumber | 4C, 4D | 4C License Number: |
| ☐ 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).

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

Last Name	GO/TO/SI/NO/BO/BE/JE	First Name	JO/JO/BR/IS/SA/IV/CH	Middle Initial	
Business Name	JM ZONING			Business Telephone	(212) 964-4464
Business Address	299 BROADWAY SUITE 1100			*Business Fax	
City	NEW YORK	State	NY	Zip	10007
*E-Mail	JOEY@JMZONING.COM			*Mobile Telephone	
				Registration Number	5701

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	FITZSIMMONS	First Name	JOANN	Middle Initial	
Business Name	MONADNOCK CONTRCUTION INC.			Telephone	(718) 875-8160
Address	155 3RD STREET			*Fax	
City	BROOKLYN	State	NY	Zip	11231
*E-Mail				*Mobile Telephone	
				Registration Number	001307

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)
JOANN FITZSIMMONS

Signature

Joann Fitzsimmons
Date 10-5-15

Notarization

State of New York, County of: *KINGS*

Sworn to or affirmed under penalty of perjury

5 day of *Oct* 20 *15*
Notary Signature *Anna Elman*

Notary Seal

ANNA ELMAN
Commissioner of Deeds, City of New York
No. 2-13124
Cert. Filed in Kings County
Commission Expires on 02-01-2017

8 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)

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 Concrete Information Choose and complete any appropriate sub-choices.

9A ☐ Yes ☒ No Are you requesting to exclude concrete work at this time from this permit? If no, 9B

9B ☐ Yes ☒ No Does your approved work include 2,000 cubic yards or more of concrete? If yes, 10 and 11

10 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)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

11 Concrete Safety Manager 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 Concrete Safety Manager (identified above) 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	

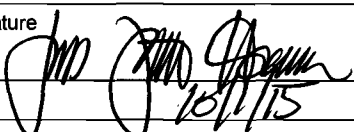
12 Applicant / Contractor Statements and Signatures Required for all applications.

The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. 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.

I will comply with all applicable laws, rules and regulations including all insurance requirements, and, in addition,

- I hereby state if a Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Demolition Subcontractor, Concrete Subcontractor, or Concrete 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 this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Subcontractors, Concrete 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, I will post the permit in a conspicuous and visible location.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print)
JENS HANSEN

Signature 

Date 10/1/15

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

Sworn to or affirmed under penalty of perjury
1 day of Oct 2015

Notary Signature Anna Elman

Licensee Seal or Notary Seal

ANNA ELMAN
Commissioner of Deeds, City of New York
No. 2-13124
Cert. Filed in Kings County
Commission Expires on 02-01-2017