



## 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 - 12

### 2 Location Information *Required for all applications.*

House No(s) 2407 Street Name EAST 23RD STREET  
Borough BROOKLYN Block 7422 Lot 469 BIN 3203375 C.B. No. 315  
Work on Floor(s) 1-2 Apt. / Condo No(s)

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

- |                                                 |                                                  |                                            |                                                                                       |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Alteration  | <input type="checkbox"/> Curb Cut                | <input type="checkbox"/> Fuel Burning      | <input type="checkbox"/> Plumbing 3C 3A Electrical application no. for shed lighting: |
| <input type="checkbox"/> Boiler                 | <input type="checkbox"/> Demolition and Removal  | <input type="checkbox"/> Gas               | <input type="checkbox"/> Sign                                                         |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Oil               | <input type="checkbox"/> Sprinkler 3C 3B Related fence job no.                        |
| <input type="checkbox"/> Chute                  | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage      | <input type="checkbox"/> Standpipe 3C 3C Secondary permit description (if applies):   |
| <input type="checkbox"/> Fence                  | <input type="checkbox"/> Foundation / Earthwork  | <input type="checkbox"/> Mechanical / HVAC |                                                                                       |
| <input type="checkbox"/> Sidewalk Shed 3A       | Area of site (sq. ft):                           | <input type="checkbox"/> New Building 3B   |                                                                                       |
| <input type="checkbox"/> Supported Scaffold     |                                                  |                                            |                                                                                       |
| <input type="checkbox"/> Other:                 | <input type="checkbox"/> 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 MERMELSHTAYN First Name MIKE Middle Initial  
Business Name ALEX AND TOM CONSTRUCTION AND RENOVATION INC Business Telephone  
Business Address 2537 EAST 65TH STREET \*Business Fax  
City BROOKLYN State NY Zip 11234 \*Mobile Telephone  
\*E-Mail alextomconstruction@verizon.net Taxpayer ID

- |                                                        |        |                                                                                                                                           |
|--------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> General Contractor | 4A, 4B | 4A Provide registration or tracking number: 22644                                                                                         |
| <input type="checkbox"/> Fire Suppression Contractor   | 4C, 4D | 4B Does work require a HIC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, HIC license number</i> |
| <input type="checkbox"/> Master Plumber                | 4C, 4D | 4C License Number:                                                                                                                        |
| <input type="checkbox"/> Oil Burner Installer          | 4C, 4D | 4D Is applicant responsible for all work on this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No         |
| <input type="checkbox"/> Sign Hanger                   | 4D     | <i>If no, describe work responsibility:</i>                                                                                               |
| <input type="checkbox"/> Professional Engineer         | 4C, 6  |                                                                                                                                           |
| <input type="checkbox"/> Registered Architect          | 4C, 6  |                                                                                                                                           |
| <input type="checkbox"/> 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        | Shelonchik                     | First Name | Sandy | Middle Initial      |              |
| Business Name    | CORPORATE DESIGN OF AMERICA PC |            |       | Business Telephone  | 718-332-4119 |
| Business Address | 1816 VOORHIES AVENUE           |            |       | *Business Fax       | 347-568-8224 |
| City             | BROOKLYN                       | State      | NY    | Zip                 | 11235        |
| *E-Mail          | OFFICE@CDA.NYC.COM             |            |       | *Mobile Telephone   |              |
|                  |                                |            |       | Registration Number | 001397       |

**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)

|                                                      |                                                  |                                              |
|------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Construction Superintendent | <input type="checkbox"/> Site Safety Coordinator | <input type="checkbox"/> Site Safety Manager |
| 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 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) | Notarization<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>day of 20 |             |
| Date         | Notary Signature                                           |             |

**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) | Notarization<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>day of 20 |             |
| Date         | Notary Signature                                           |             |

**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, 9B9B ☐ 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<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>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<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>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)<br><b>MIKE MERMELSHTAYN</b> | Notarization (required if not licensee)<br>State of New York, County of: <i>Kings</i>  | Licensee Seal or Notary Seal |
| Signature<br><i>Mike Mermelshtayn</i>    | Sworn to or affirmed under penalty of perjury<br>28 <sup>th</sup> day of November 2016 |                              |
| Date 09-19-2013                          | Notary Signature<br><i>Gina Wiegand</i>                                                |                              |

**GINA WIEGAND**  
**Notary Public State of New York**  
 No. 01W16196839  
 Qualified in Kings County  
 Commission Expires Nov. 17, 2016  
 07/10