



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool

DEPT BLDGS Job No. 320917503



Scan Code ESHS6949717

This document must be submitted with an ACORD Certificate summarizing the General Liability Insurance coverage for this project.

1 Location Information Required for all applications.

House No(s) 280

Street Name Kent Avenue

Borough Brooklyn

Block 2414

Lot 3

BIN 3425051

CB No. 301

2 Project Specific Insurance Requirement The required insurance is calculated based on information provided by the applicant.

Yes No

- ☐ ☒ 1 or 2 family home?
☐ ☒ Depth of Excavation < 12'?
☐ ☒ Proposed Height < 35'?
☐ ☒ Proposed construction on lot line with an existing structure?
☐ ☒ Is a Tower Crane to be used?

Height of proposed construction 369 ft

Number of stories of proposed construction 36

Height of tallest adjacent building 0 ft

Number of stories of tallest adjacent building 0

Permit Type Foundation

Calculated Project Specific GL Insurance Required 5M

3 Applicant Statement 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.

Name ANNA ALBANESE

Registration/Tracking Number 611357

Signature *Anna Albanese*

Date 04/14/2025

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

Sworn to or affirmed under penalty of perjury

14th day of April 2025

Notary Signature *Janet Santos*

Licensee Seal or Notary Seal

JANET SANTOS
Notary Public-State of New York
No. 01SA6107228
Qualified in Westchester County
Commission Expires March 22, 2028

4 Brokers Certification Required for all applications.

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects. With regard to the commercial general liability insurance (including primary, excess, umbrella, or wrap-up policies) described in the Certificate of Insurance, the undersigned further represents that:

- The total per occurrence limit is \$5 million and the total general aggregate limit, which applies per project, is \$6 million; and
- The City of New York, together with its officials and employees, is an additional insured with coverage at least as broad as set forth in the most recent edition of ISO Forms CG 2012 or CG 2026.

Name of broker or agent

David Eisenberg

Address of broker or agent

499 Washington Blvd, Suite 810, Jersey City,
NJ 07310

Email address of broker or agent

david.eisenberg@epicbrokers.com

Signature of authorized official, broker or agent

David Eisenberg

Notarization (required)

State of New York County of:

Orange

Sworn to or affirmed before me this

20th day of March 2025

Notary Signature

Desiree Mathe

Notary Public for the State of New York

Notary Seal

DESIREE MATHE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MA6215465
Qualified in Orange County
My Commission Expires 12-28-2025

Name and title of authorized official, broker, or agent
Account Executive

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins. Center 499 Washington Blvd Suite 810 Jersey City, NJ 07310	CONTACT NAME: Commercial Support PHONE (A/C, No, Ext): 631-390-9700 E-MAIL ADDRESS: NEcertificates@epicbrokers.com FAX (A/C, No): 631-390-9790														
INSURED 316 Kent Construction LLC c/o Two Trees Management Co., LLC 45 Main St., 12th Floor Brooklyn, NY 11201	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Upland Specialty Insurance Company</td> <td>16988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Upland Specialty Insurance Company	16988	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ BI/PD Ded:25000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		USPCL8030025	03/20/2025	09/20/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☐ UMBRELLA LIAB ☒ EXCESS LIAB ☐ OCCUR ☒ CLAIMS-MADE DED RETENTION \$			USXCL8013125	03/20/2025	09/20/2026	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTHER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is included as additional insured for general liability coverage as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

New York City Department of
Buildings
280 Broadway
New York, NY 10007

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Leonard Scioscia

Borough Intake Form

Job Number - Mandatory

320917503

1. LOCATION & REQUESTOR INFORMATION (required for all requests)

Provide location information, requestor's name, email, and relation to job. Please note denied requests will be sent to email address provided on Borough Drop-off Intake Sheet. disapproval reason(s)

House No: 280 Street Name: Kent Avenue Application#: 320917503 Date: 03/20/2025
 Borough: Brooklyn Block: 2414 Lot: 3 BIN: 3425051 Requestor Name: Alex Rippere
 Relation to job (select one): ☐ Owner ☐ Applicant of Record ☐ Contractor ☒ Filing Representative
 Email: alex.rippere@socotec.us Owner's Email: heverets@twotreesny.com ☒ Initial ☐ Resubmission Date:

2. TYPE OF REQUEST

The Borough Drop-off Intake Sheet is required for each request submitted. Please ensure all forms are fully completed, signed, sealed, and dated. Select one of the following options:

- ☐ **PAA (Post Approval Amendments)**
 Submit PW1 (PAA) to make changes to an already approved (P+ status in BIS) application. Changes made after initial approval are subject to PAA fees and plan examination unless initial job was professionally certified.
- ☐ **PW1 Withdrawal**
 Submit PW1 to withdraw all or part of a job.
- ☒ **Initial Work Permit Application** EA Permit renewal with change to SSM
 Submit PW2 Initial Work Permit Application if this is the first time applying for this permit. Select No Work Permit, if this application will not include any physical work to be performed under this permit.
- ☐ **PW6 Certificate of Occupancy Inspection Application (Initial)**
 Submit PW6 to initiate inspections required prior to issuance of a Certificate of Occupancy.
- ☐ **PW7 Certificate of Occupancy/Temporary Certificate of Occupancy/Letter of Completion**
 Submit PW7 to obtain a final Certificate of Occupancy (CO), Temporary Certificate of Occupancy (TCO), Letter of Completion (LOC) or renew a Temporary Certificate of Occupancy. **NOTE: Resubmissions require a new BSCAN sticker**

INTERNAL USE ONLY

Reason(s) for hold/denial will be indicated below by borough staff and emailed to addresses indicated above

☐ **LPC Calendared Building 40-Day Hold (Full Demolition Applications Only)** Date Processed: ___/___/20___

Disapproval Reasons

Request cannot be processed for the following reason(s):

- ☐ Job is not approved.
- ☐ Job is in 'R - PERMIT-ENTIRE' status.
- ☐ Job is for different borough submit to corresponding borough.
- ☐ Fees due, pay outstanding fees and resubmit.
- ☐ Job is on hold for 'No Good Check', resolve and resubmit.
- ☐ Withdrawal Job/Doc #/Work type is missing/not on file.
- ☐ Property/Job on 'Hold', see Borough Commissioner's Office.
- ☐ Architect/Engineer's signature and/or seal missing.
- ☐ Applicant's information is different from Department records.
- ☐ Permitted application must see Plan Exam for determination if withdrawal inspection is required.
- ☐ Inspection required resubmit with 'Final-Pass' inspection report (OP113).
- ☐ Work type signed off, cannot withdraw.
- ☐ PAA approved, cannot withdraw.
- ☐ All PAA fees must be paid prior to withdrawal.
- ☐ Resolve open required items and resubmit for permit.
- ☐ Not an initial work permit application must be processed through permit renewal.
- ☐ No permits have been issued for this job number.
- ☐ Job number incorrect/invalid.
- ☐ Floors invalid.
- ☐ Electrical Control Number(s) missing (required for NB filings).
- ☐ Notarization by Superintendent of Construction missing.
- ☐ Open ECB/DOB violation(s)
- ☐ Incomplete PAA
- ☐ Missing inspection sign-off(s):
☐ Construction ☐ Plumbing ☐ Electrical ☐ Elevator
☐ Other: _____
- ☐ Missing required items(s): _____
- ☐ TR-1 Error(s): _____
- ☐ Missing/Incomplete/Invalid:
☐ Form(s) _____
☐ Section(s) _____
☐ Other: _____



PW4: Application for Certificate of Compliance for Equipment

Form must be typewritten.

DEPT BLDGS Job No. 321593806
Scan Code ESHS2354816

1 FILING STATUS

Job Number 321593806

2 TYPE OF EQUIPMENT (required for all applications)

Heating System
(not including boilers)

Ventilation System

☒ Air Conditioning System

Refrigeration

Other: _____
(required if selected)

3 LOCATION INFORMATION (required for all applications)

House No. 171 Street Name Calyer Street Apt/Condo No.(s)
Borough Brooklyn Block 2573 Lot 23 BIN 3065108 CB No. 301
Work on Floor Cel, Rof, 001-007

4 APPLICANT INFORMATION (required for all applications)

Last Name Raymond First Name Paul Middle Initial
Business Name Regional Testing Corp Business Telephone 3472210110
Business Address 1150 Close Avenue Business Fax
City Bronx State NY Zip 10472 Mobile Telephone
Email Address License Number
☒ P.E. ☐ R.A. ☐ Other

5 EQUIPMENT SPECIFICATIONS (Section Instructions - complete all)

Item: Manufacturer/Trade Name	Floor	No. of Items	Certification Number for Listing	Capacity	
				Value	Units
Commerc Mitsui PUHY-EP92TNU-A	1st	1	2ZP00086	80,000	BTUs
MAU Captive Air CASRTU2-L200-13-8T-DOAS	6th	1	5558643	1,600	CFM

6 STATEMENT & SIGNATURES (required for all applications)

The owner certifies that he authorizes the applicant to perform the proposed work in accordance with plans and specifications approved under said application. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Violation is punishable by imprisonment or both.

Owner Name Michael Adjmi

Title Authorized Agent

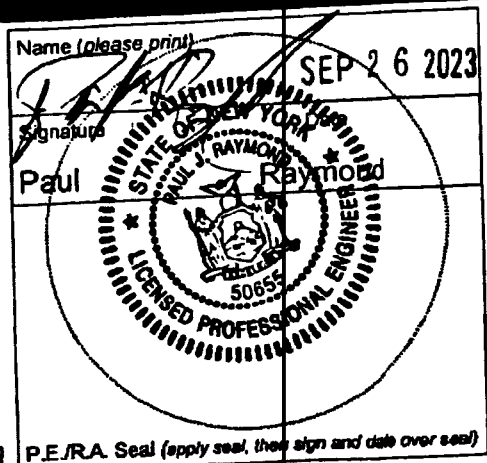
Signature

I hereby certify the work indicated above has been done in a manner required by the Rules & Regulations of the Department of Buildings except where reported adversely.

Inspector's Name Paul Raymond

Inspector's Signature

Date Signed Off SEP 26 2023



INTERNAL USE ONLY

Examined and Recommended for Approval: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No

Examiner

Borough Commissioner

Signature

Date

Signature

Date APR 11 2025