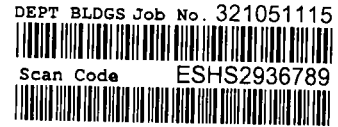


156 Graham Realty, LLC
21 Robert Pitt Drive Suite 302
Brooklyn, NY 10952

Date: 5-9-2019
Borough: Brooklyn
Block: 3062
Lot: 4



Job Number: 321051115

To whom it may concern:

I, Fred Levine, owner of 156 Graham Ave do hereby confirm that we have notified and released Jonathan Chau #027710 as the General Contractor on record and have hired Johnathan Chau #619615 to complete all general construction work included in this application.

Sincerely yours,
Fred Levine

Owner's Signature

Refer to Enclosed Florida Short-Form Individual Acknowledgment

Notary signature

Notary seal

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT
F.S. 695.25

State of Florida

County of Miami-Dade

The foregoing instrument was acknowledged before

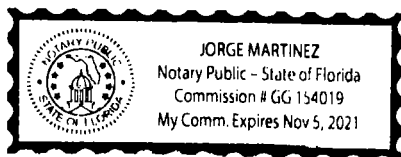
me this 9th day of May, 2019.
Date Month Year

by Fred Levine
Name of Person Acknowledging

who is personally known to me or who has produced

Type of Identification

as identification.



Place Notary Seal Stamp Above

Jorge Martinez
Signature of Notary Public

Jorge Martinez
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

OPTIONAL

*Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: Change of General Contractor

Document Date: 5/9/19 Number of Pages: 1

Signer(s) Other Than Named Above: _____

PW2

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

Last Name	HERMAN/BECKELS	First Name	NATHAN/KERRON	Middle Initial	
Business Name	BAC GROUP LTD			Business Telephone	(718) 599-1559
Business Address	366 BROADWAY			*Business Fax	
City	BROOKLYN	State	NY	Zip	11211
*E-Mail				*Mobile Telephone	
				Registration Number	

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	CHAU	First Name	JONATHAN	Middle Initial	
Business Name	A.T.C CONSTRUCTION GROUP			Telephone	(718) 522-9838
Address	18 HUNTING STREET			*Fax	
City	BROOKLYN	State	NY	Zip	11231
*E-Mail				*Mobile Telephone	
				Registration Number	026590

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)
JONATHAN CHAU

Signature

Date

[Signature]
5/9/19

Notarization
State of New York, County of: *New York*

Sworn to or affirmed under penalty of perjury

9th day of *May* 20*19*

Notary Signature

[Signature]

Notary Seal

ADRIANA AC CHING
Notary Public, State of New York
Registration #02CH6164201
Qualified in New York County
Commission Expires Oct. 5, 2019

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

PW2

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
*E-Mail	*Mobile Telephone	
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
*E-Mail	*Mobile Telephone	
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	

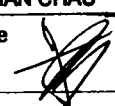
12 Applicant / Contractor Statements and Signatures Required for all applications.

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.
- I hereby state that all construction and demolition workers employed or otherwise engaged at the site and working under this permit have received site safety training in accordance with BC 3321.

☐ Check here if the work authorized by this permit does NOT require adjacent property insurance. (moved from section 13)

Name (print) JONATHAN CHAU	Notarization (required if not licensee) State of New York, County of: <u>New York</u>	Licensee Seal or Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 9 th day of <u>May</u> 20 <u>19</u>	ADRIANA AC CHING Notary Public, State of New York Registration #02CH6164201 Qualified In New York County Commission Expires Oct. 5, 2019
Date <u>5/9/19</u>	Notary Signature <u>add</u>	