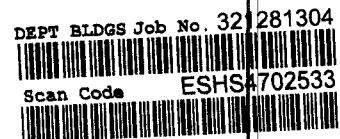




PW2: Work Permit Application

Must be typewritten.



BIS Document No. required: 01

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) 271 Street Name Decatur Street
Borough Brooklyn Block 1675 Lot 55 BIN 3047111 CB No. 303
Work on Floor(s) CEL,BAS,ROF,001 thru 003 Apt./Condo No(s)
Total number of dwelling units at location 4 Number of dwelling units occupied during construction 1

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. |
| ☐ Construction Equipment | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C | |
| ☐ Chute ☐ Fence | ☐ Foundation/Earthwork | ☐ Mechanical/HVAC | | 3C Secondary Permit Description:
(if applies) |
| ☐ 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? ☐ Yes ☒ No Are you altering 10% or more of the existing floor surface area of the building?

4 APPLICANT/CONTRACTOR (required for all applications) * indicates optional

Last Name Seubert First Name Kirk Middle Initial
Business Name Maxwell Plumb Mech Corp Business Telephone (718) 279-4441
Business Address 43-20 203rd Street *Business Fax
City Bayside State NY Zip 11361 *Mobile Telephone
Email permits@maxwellplumb.com Taxpayer ID 11-3045776

- ☐ General Contractor 4A, 4B 4A Provide registration or tracking number:
☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes ☒ No If Yes, HIC License No.:
☒ Master Plumber 4C, 4D 4C License No.: 001221
☐ 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: Plumbing
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner (DOB approval required) 4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content:



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

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5 FILING REPRESENTATIVE (complete if different from applicant specified in Section 3) * indicates optional

Last Name	Murdison	First Name	Gregory	Middle Initial	
Business Name	Lewsan Consultants			Business Telephone	(718) 848-1500
Business Address	159-49 Cross Bay Boulevard			*Business Fax	
City	Howard Beach	State	NY	Zip	11414
*Email	steve@lewsanconsultants.com			*Mobile Telephone	
				Registration Number	

6 INSURANCE (PE/RA 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)

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

☐ Construction Superintendent	☐ Site Safety Coordinator	☐ Site Safety Manager
Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*Email	*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 State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury	
Date	day of 20	
	Notary Signature	

8 DEMOLITION SUBCONTRACTOR (required if applicable) * indicates optional

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*Email	*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	
Date	day of 20	
	Notary Signature	