



PW2: Work Permit Application

Must be typewritten

DEPT BLDGS Job No. 321323402
Scan Code ESHS6059752

BIS Document No., required: 321323402-01

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) 344 Street Name 8 Street
Borough Brooklyn Block 1005 Lot 41 BIN 3022129 C.B. No. _____
Work on Floor(s) _____ 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. _____ |
| ☐ 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 HARVEY First Name WILLIAM Middle Initial F.
Business Name ORION PLUMBING & HEATING CORP. Business Telephone (718) 888-0418
Business Address 33-70 PRINCE ST. *Business Fax (718) 888-7957
City FLUSHING State NY Zip 11354 *Mailing Address _____
*E-Mail _____

- | | | |
|--|--------|---|
| ☐ General Contractor | 4A, 4B | 4A Provide registration or tracking number: _____ |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☐ No <i>If yes, 4C</i> |
| ☒ Master Plumber | 4C, 4D | 4C License Number: <u>1350</u> |
| ☐ Oil Burner Installer | 4C, 4D | 4D Is applicant responsible for all work on this application? ☒ Yes ☐ No |
| ☐ Sign Hanger | 4D | <i>If no, describe work responsibility:</i> |
| ☐ Professional Engineer | 4C, 6 | <u>PLUMBING</u> |
| ☐ 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	CHI/CUE/TAP/AST	First Name	MAR/PAT/JHO/JHE	Middle Initial	
Business Name	ORION PLUMBING & HEATING CORP.			Business Telephone	(718) 888-0418
Business Address	33-70 PRINCE ST.			*Business Fax	
City	FLUSHING	State	NY	Zip	11354
*E-Mail				*Mobile Telephone	
				Registration Number	4619

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