



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 321387021



Scan Code ESHS5415621

BL

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) 1 Street Name EAGLE STREET
Borough Brooklyn Block 2472 Lot 21 BIN 3426510 CB No. 301
Work on Floor(s) CEL,ROF 001 thru 039 Apt./Condo No(s)
Total number of dwelling units at location 335 Number of dwelling units occupied during construction 0

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.:
<i>(for shed lighting)</i> |
| ☐ 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:
<i>(if applies)</i> |
| ☐ 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 LOY First Name MARTIN
Business Name NEW LINE STRUCTURES & DEV
Business Address 512 7TH AVENUE, 6TH FLOOR
City NEW YORK State NY Zip 10018 *M
Email Taxpayer ID GC 614487
☒ 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.:
☐ 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:*
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner 4E
(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	GIG/HAN/LEF/LUN/TOR	First Name	JUS/KHA/CAT/K/N/CON	Middle Initial	
Business Name	DOMANI CONSULTING INC			Business Telephone	516-256-0317
Business Address	68 WHITEHALL STREET			*Business Fax	516-256-0335
City	LYNBROOK	State	NY	Zip	11563
*Email	KHANCOCK@DOMANICONSULTINGINC.COM			*Mobile Telephone	
				Registration Number	007335

6 INSURANCE (PL-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
CARROLL	BRENDAN	B
Business Name	CR SAFETY	
Address	248 WEST 35TH ST 8TH FLOOR	
City	State	Zip
NEW YORK	NY	10001
*Email	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	Notary Seal
BRENDAN B CARROLL	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

8 DEMOLITION SUBCONTRACTOR *(complete 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	Notary Seal
	State of New York, County of:	
Signature	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date	Notary Signature	

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

Last Name GIG/HAN/LEF/LUN/TOR		First Name JUS/KHA/CAT/K/N/CON	Middle Initial
Business Name DOMANI CONSULTING INC		Business Telephone 516-256-0317	
Business Address 68 WHITEHALL STREET		*Business Fax 516-256-0335	
City LYNBROOK	State NY	Zip 11563	*Mobile Telephone
*Email KHANCOCK@DOMANICONSULTINGINC.COM		Registration Number 007335	

6 INSURANCE (PEREA ONLY) * indicates reported for all perils

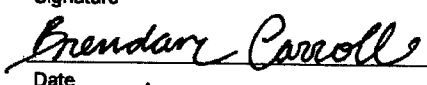
☐ Liability Insurance (NB permits only) ☐ Workers' Compensation Insurance* ☐ Disability Insurance*

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 CARROLL		First Name BRENDAN
Business Name CR SAFETY		Middle Initial B
Address 248 WEST 35TH ST 8TH FLOOR		Telephone 212-736-6900
City NEW YORK	State NY	Zip 10001
*Email		*Fax
		*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) BRENDAN B CARROLL	Notarization State of New York, County of: NEW YORK	Notary Seal JILLIAN N BARRAN NOTARY PUBLIC-STATE OF NEW YORK No: 01BA6412083 Qualified in Bronx County My Commission Expires 12-14-2024
Signature 	Sworn to or affirmed under penalty of perjury 6TH day of October 2022	
Date 10/06/22	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	*Mobile Telephone
*Email		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	

9 CONCRETE INFORMATION

9A ☐ Yes ☒ No Are you requesting to exclude concrete work at this time from this permit? If No, 9B

9B ☐ Yes ☒ No Does your approved work include 2,000 cubic yards or more of concrete? If Yes, 10 and 11

10 CONCRETE SUBCONTRACTOR

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	*Mobile Telephone	
*Email		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

Last Name		First Name		Middle Initial
Business Name		Telephone		
Address		*Fax		
City	State	Zip	*Mobile Telephone	
*Email		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

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.
- In accordance with §28-120.3 of the Administrative Code, I certify that, if applicable, any tenant protection plan submitted for this work coordinates with the scope of work intended.
- I understand that, pursuant to §28-120.1 of the Administrative Code, if applicable, the registered design professional who prepares the tenant protection plan must be retained by the general contractor performing the work.

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

Name (print) MARTIN LOY	Notarization (required if not license) State of New York, County of: New York	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of October 2022	
Date 10-6-2022	Notary Signature	

VANESSA ESCALA
Notary Public, State of New York
No. 01ES6316486
Qualified in Queens County
Commission Exp. Dec. 15, 2022