



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 321599034



Scan Code E\$HS2757257

BIS Document No. required: 01

1 REASON FOR FILING (required for all applications)

- ☐ Initial Permit (complete all sections) Expected work start date: _____
- ☐ No Work Permit
- ☒ Renewal Permit with changes (complete all sections)
- ☐ Renewal Permit without changes 1, 3, 4, 7 - 12

2 LOCATION INFORMATION (required for all applications)

House No(s) 831 Street Name KNICKERBOCKER Avenue

Borough Brooklyn Block 3425 Lot 09 BIN 3079360 CB No. 304

Work on Floor(s) CEL,PEN 001 THRU 004 Apt/Condo No(s)

Total number of dwelling units at location 0 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.:
<small>(for shed lighting)</small> |
| ☐ 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:
<small>(if applies)</small> |
| ☐ 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 SAPIR First Name NIR Middle Initial

Business Name EAST COAST MANAGEMENT Business Telephone 516-792-1887

Business Address 303 MERRICK ROAD SUITE 203

City BROOKLYN State NY Zip 11563 *Business Fax

Email KEREN@SAPIRDEVELOPMENT.COM *Mobile Telephone

Taxpayer ID 47-2959753

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 624197
- ☐ 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 (DOB approval required)
- 4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content: _____



DEPT BLDGS

FC-PW2, V3-03

Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3308.4).

Rev. 11/22

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

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

6 INSURANCE (PE/RA ONLY) * indicates required for all permits

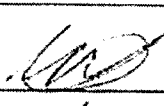
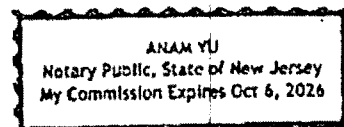
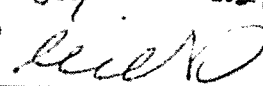
☐ Liability Insurance (NB permits only)
 ☐ Workers' Compensation Insurance*
 ☐ Disability Insurance*

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 Eugenio	First Name Miguel	Middle Initial
Business Name AGL Contracting	Telephone 631-667-4574	
Address 429 Carlis Path	*Fax	
City Deer Park	State NY	Zip 11729
*Email	*Mobile Telephone	
		Registration Number 026528

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) Miguel Eugenio	Notarization State of New York, County of: Bergen	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury day of July , 20 24	
Date 7/8/24	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 day of 20	
Date	Notary Signature	

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, 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 (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 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
*Email	*Mobile Telephone	
		Registration Number

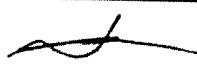
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Safety Manager (identified above) as set

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.

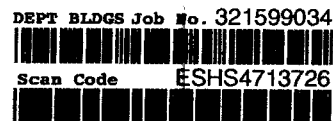
- I will comply with all applicable laws, rules and regulations including all insurance requirements, and, in addition,
- I hereby state if a Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Demolition Subcontractor, Concrete Subcontractor, or Concrete Safety Manager is required 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.
- 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.
- I hereby state that if the work involves disturbance of lead-based paint or paint of unknown lead content, the work complies with §27-2056.11 of the Administrative Code and, where applicable, subpart E or subpart L of part 745 of title 40 of the Code of Federal Regulations and, where applicable, the firm performing the work has filed or will file with the NYC Department of Health and Mental Hygiene a notice of commencement required by §27-2056.11(e)(2).

Name (print) NIR SAPIR	Notarization (required if not license) State of New York, County of: Nassau	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 1 day of August 20 24	ILANA SAPIR NOTARY PUBLIC, STATE OF NEW YORK Registration No: 01SA6382720 Qualified in Nassau County Commission Expires October 29, 2026
Date 8/1/2024	Notary Signature 	



PGL1: Project Specific General
Liability Insurance Summary
and Affirmation

Generated by the online DOB tool



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) 831

Street Name knickerbocker

Borough Brooklyn

Block 3425

Lot 9

BIN 3079360

CB No. 304

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 50 ft

Number of stories of proposed construction 4

Height of tallest adjacent building 25 ft

Number of stories of tallest adjacent building 3

Permit Type NB/Major Alt

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 NIR SAPIR

Registration/Tracking Number 624197

Signature

Date

8/1/2024

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

Sworn to or affirmed under penalty of perjury

A day of August 2024

Notary Signature

Licensee Seal or Notary Seal
ILANA SAPIR
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SA6382720
Qualified in Nassau County
Commission Expires October 29, 2026

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 \$ 6 million and the total general aggregate limit, which applies per project, is \$ 7 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
Colstan & Associates, Inc.

Address of broker or agent
512 Sunrise Hwy, Ste B, West Babylon, NY 11704

Email address of broker or agent
Service@colstan.com

Signature of authorized official, broker or agent

Name and title of authorized official, broker, or agent
Alex Stanco, Vice President

Notarization (required)
State of New York, County of:

Nassau

Sworn to or affirmed before me this

1 day of August 20 24

Notary Signature

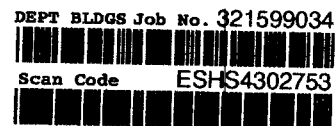
Notary Public for the State of New York

Notary Seal

MELISSA ANN BUEHLER
Notary Public, State of New York
No. 0-8U6267151
Qualified in Nassau County
Commission Expires August 13, 2026

Superseding Letter

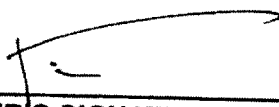
DATE: 07/08/2024
BOROUGH: Brooklyn
APPLICATION #: 321599034-01-AL
BLOCK:3425 LOT: 9



TO WHOM IT MAY CONCERN:

I, Oren Hakim, the owner of the property located at 831 Knickerbocker Avenue. Do hereby confirm that I have notified and released: Jonathan Kaplowitz as the Construction Superintendent under application #321599034-01-AL and have hired Miguel Eugenio under tracking #026528, to complete all work included in this application.

SINCERELY YOURS,

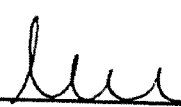


OWNER'S SIGNATURE

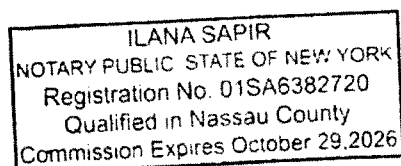
STATE OF NEW YORK

COUNTY OF Nassau

SUBSCRIBED AND SIGNED BEFORE ME THIS 1 DAY OF August, 2024



SIGNATURE NOTARY SEAL



NOTARY SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2024

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Colstan & Associates Inc. 512 Sunrise Highway, Suite B West Babylon, NY 11704	CONTACT NAME: Melissa Grilo PHONE (A/C, No, Ext): (631)266-2800 E-MAIL ADDRESS: Service@colstan.com FAX (A/C, No): (631)683-4423
INSURED East Coast Management Solutions LLC DBA AAA Home Improvements 303 Merrick Road Suite 509 Lynbrook, NY 11563	INSURER(S) AFFORDING COVERAGE INSURER A: Accelerant Specialty Insurance Company INSURER B: ShelterPoint Life Insurance Company of America INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 16890

COVERAGES**CERTIFICATE NUMBER: 00018367-78151****REVISION NUMBER: 19**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:			SGL183R0002500	03/16/2024	03/16/2025	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 ☐ DED ☐ RETENTION \$			SXS183R0002600	03/16/2024	03/16/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Disability			D672085	08/04/2023	08/04/2025	NY STAT

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

Certificate holder is included as an Additional Insured on a primary and non-contributory basis as required by written contract.
Waiver of Subrogation applies as per written contract.

Certificate is subject to terms limitations and exclusions of the policy at the time of issuance

DEPT BLDGS Job No. 321599034



Scan Code ESHS1495805

**CERTIFICATE HOLDER****CANCELLATION**

NYC 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

(MG1)