



PW2: Work Permit Application

Must be typewritten.



BIS Document No. required:

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) 58 Street Name Vermont Street
Borough Brooklyn Block 3661 Lot 122 BIN 3369923 CB No. 305
Work on Floor(s) Entire Apt./Condo No(s) N/A
Total number of dwelling units at location 2 Number of dwelling units occupied during construction 0

3 TYPE OF PERMIT (provide one and complete any appropriate sub-sections 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 Morales First Name Antonio Middle Initial
Business Name United Industries & Const Business Telephone (718) 930-3253
Business Address 2590 East 21 Street *Business Fax
City Brooklyn State NY Zip 11235 *Mobile Telephone
Email Taxpayer ID 260-56-0652

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 038489
☐ 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)



DEPT BLDGS

FC-PW2.V3-03

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 <u>Swita</u>		First Name <u>Henry</u>	Middle Initial _____
Business Name <u>Expedite Dem Inc</u>		Business Telephone <u>(718) 477-4444</u>	
Business Address <u>99 Darcey Avenue</u>		*Business Fax <u>(718) 477-5512</u>	
City <u>Staten Island</u>	State <u>NY</u>	Zip <u>10314</u>	*Mobile Telephone _____
*Email <u>ExpediteDemInc@aol.com</u>		Registration Number <u>002099</u>	

6 INSURANCE *(P/W/R/O/N) * 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 <u>Gecevic</u>		First Name <u>Robert</u>	Middle Initial _____
Business Name <u>Yakuza</u>		Telephone <u>(917) 396-2543</u>	
Address <u>350 West 43rd Street, #17A</u>		*Fax _____	
City <u>New York</u>	State <u>NY</u>	Zip <u>10036</u>	*Mobile Telephone _____
*Email _____		Registration Number <u>026422</u>	

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)*

Robert Gecevic

Signature

Date

4/21/22

Notarization

State of New York, County of Richmond

Sworn to or affirmed under penalty of perjury

21 day of APRIL 2022

Notary Signature

Notary Seal

Flory M Mahoney
Notary Public, State of New York
No. 01MA5059684
Qualified in Richmond County
Commission Expires May 06, 2024

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)*

Signature

Date

Notarization

State of New York, County of _____

Sworn to or affirmed under penalty of perjury

_____ day of _____ 20____

Notary Signature

Notary Seal