



PW2: Work Permit Application
Must be typewritten.

DEPT BLDGS Job No. 340369149
Scan Code ESHS4061704

BIS Document No., required: 340369149

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) 229 Street Name NASSAU AVENUE

Borough BROOKLYN Block 2656 Lot 37 BIN 3066562 C.B. No. 301

Work on Floor(s) CEL 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 BUONO

First Name VALENTINO

Middle Initial

Business Name PRECISION PLBG SVCS., INC

Business Telephone 718-797-5011

Business Address 63 FLUSHING AVENUE UNIT 324

*Business Fax 718-797-5011

City BROOKLYN

State NY

Zip 11205

*Mobile Telephone

*E-Mail taberger@precision-svcs.com

Taxpayer ID

- ☐ General Contractor 4A, 4B
☐ Fire Suppression Contractor 4C, 4D
☒ Master Plumber 4C, 4D
☐ Oil Burner Installer 4C, 4D
☐ Sign Hanger 4D
☐ Professional Engineer 4C, 6
☐ Registered Architect 4C, 6
☐ Homeowner

DOB approval required.

4A Provide registration or tracking number:

4B Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license

4C License Number: 1762

4D Is applicant responsible for all work on this application? ☒ Yes ☐ No
If no, describe work responsibility:

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

5 Filing Representative *Complete if different from applicant specified in section 3. (* Indicates optional.)*

Last Name Ak/Erm/Bri/Mok/Pan

First Name Min/Lea/And/Sal/Xin

Middle Initial

Business Name MAB CONSULTING SERVICES

Business Telephone (718) 607-2772

Business Address 4126 73 STR, SUITE C43

*Business Fax (718) 732-2561

City WOODSIDE

State NY

Zip 11377

*Mobile Telephone (917) 854-3321

*E-Mail mlnara10017@yahoo.com

Registration Number 3397/3000/4427

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

*Mobile Telephone

*E-Mail

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

*Mobile Telephone

*E-Mail

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.)

☐ Yes ☐ No Is the applicant/contractor named in section four performing the concrete 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 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
*E-Mail	*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 forth in the Department of Buildings rules and regulations.

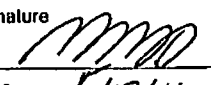
Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

12 Applicant / Contractor Statements and Signatures 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.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print) Valentino Buono	Notarization (required if not licensee) State of New York, County of:	Licensee Seal or Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury day of 20	
Date 5/13/16	Notary Signature	