



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 340400051



Scan Code ESHS1184930

BIS Document No. required: 340400051

1 REASON FOR FILING (required for all applications)

- ☐ Initial Permit *(complete all sections)* Expected work start date: ASAP ☐ 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) 5100 Street Name 1 Avenue

Borough Brooklyn

Block

725

Lot 200

BIN 3421393

CB No. 307

Work on Floor(s) 001

Apt./Condo No(s)

Total number of dwelling units at location

Number of dwelling units occupied during construction

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 CHOKDER

First Name RAZZAQUE

Middle Initial

Business Name INNOVATIVE CONSTRUCTION & MANAGEMENT

Business Telephone 929-522-0083

Business Address 86-16 QUEENS BLVD SUITE #207 ELMHURST, NY

*Business Fax

City ELMHURST,

State NY

Zip 11373

*Mobile Telephone 929-522-0083

Email innovativeconst2009@gmail.com

Taxpayer ID 26-4279055

- ☒ 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: 602353
4B Does work require a HIC license? ☐ Yes ☒ No If Yes, HIC License No.:
4C License No.:
4D Is applicant responsible for all work on this application? ☒ Yes ☐ No
If No, describe work responsibility:

4E Civil Penalty permit
Put on HOLD



DEPT.BLDGS

FC BLDG V2 02

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 **Chowdhury** First Name **Mainur** Middle Initial **R**
 Business Name **KNF SERVICES CORP** Business Telephone **(646) 255-0710**
 Business Address **32-12 96th Street,** *Business Fax
 City **East Elmhurst** State **NY** Zip **11369** *Mobile Telephone **(212) 729-9805**
 *Email **mainur.chowdhury@knfsrv.com** Registration Number **7799**

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 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 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

Date

day of

20

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

Date

day of

20

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	*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)

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Signature

Notary Seal

11 CONCRETE SAFETY MANAGER (required if applicable) * indicates optional

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)

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Signature

Notary Seal

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.

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

Name (print)

RAZZAQUE CHOKDER

Signature

Date 02-10-2022

Notarization (required if not license)

State of New York, County of:

Queens

Sworn to or affirmed under penalty of perjury

 10th day of February 20 22.

Notary Signature

Notary Seal

MEI L YAM

Notary Public, State of NY

No. 01YA6213316

Qualified in Queens County

Comm. Exp. Nov. 02, 2025