

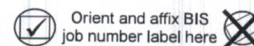


DEPT OF BLDGS340517346

Job Number

ES739101144

Scan Code

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) 1630

Street Name BUSHWICK AVENUE

Borough BROOKLYN

Block 3476

Lot 16

BIN 3080570

C.B. No. 305

Work on Floor(s) 001

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 Only3D ☐ 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 MORALES

First Name MISAEAL

Middle Initial

Business Name TOP PLUMBING GROUP INC

Business Telephone 718-439-7924

Business Address 140 58 ST, BUILDING B, SUITE 4A

*Business Fax

City BROOKLYN

State NY

Zip 11220

*Mobile Telephone

*E-Mail TOPPLUMBINGGROUP@GMAIL.COM

Taxpayer ID 4

☐ 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 number:☒ Master Plumber

4C, 4D

4C License Number: 2084

☐ 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.

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

Last Name HU/YA/HE/YI/TA/YU/TS/H		First Name ZH/KA/AL/JO/CH/KO/A/P		Middle Initial
Business Name BASIC GROUPS CORP			Business Telephone (718) 384-0999	
Business Address 7622 17 AVE 1ST FL			*Business Fax	
City BROOKLYN	State NY	Zip 11214	*Mobile Telephone	
*E-Mail WING@BASICGROUP.INFO			Registration Number 004263	

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, 9B9B ☐ 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	*Mobile Telephone	
*E-Mail			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	*Mobile Telephone	
*E-Mail			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) <i>Misael Morales</i>	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	Notary Signature	