



PW2: Work Permit Application
Must be typewritten.

Onent and affix BIS
job number label here

BIS Document No., required 402402725

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) 89-22 Street Name 170 street

Borough queens Block 9803 Lot 36 BIN 4860669 C.B. No. 412

Work on Floor(s) CEL,001,002,003

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: |
| ☐ Boiler | ☐ Demolition and Removal | ☐ Gas | ☐ Sign | |
| ☐ Construction Equipment | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 3C | 3B Related fence job no. |
| ☐ Chute | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C | 3C Secondary permit description (if applies): |
| ☐ 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 KUNDU

First Name GOURANGA

Middle Initial C

Business Name ZK DEVELOPENT CORP.

Business Address 38-25 55TH STREET, 1ST FLOOR

City WOODSIDE

State NY

Zip 11377

*E-Mail KUNDU777@GMAIL.COM

- | | | |
|--|--------|---|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number. 271 |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No |
| ☐ Master Plumber | 4C, 4D | 4C License Number: |
| ☐ 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.



DEPT CLDGS

FC-PW2. V3-03

*Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4)

07/10

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

Last Name	Ermendi	First Name	Leavita	Middle Initial
Business Name	Angelo Ng & Anthony Ng , Architect Studio PC			Business Telephone (718) 457-1151
Business Address	66-00 Long Island Expressway			*Business Fax (718) 335-5364
City	Maspeth	State	NY	Zip 11378
*E-Mail	Email@Architectsstudiony.com			*Mobile Telephone
				Registration Number X06864

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	KUINDU	First Name	GOURANGA	Middle Initial	C
Business Name	ZK DEVELOPMENT CORP.			Telephone	(718) 639-1107
Address	38-25 55TH STREET , 1ST FLOOR			*Fax	(718) 507-5045
City	WOODSIDE	State	NY	Zip	11377
*E-Mail	KUNDU777@YAHOO.COM			*Mobile Telephone	(917) 578-5640
				Registration Number	20979

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)
GOURANGA C. KUNDU

Signature

Date 10-20-2015

Notarization
State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

20th day of October 2015

Notary Signature

Notary Seal

SUNIL AGARWAL

Notary Public, State of New York

No. 02AG5015283, Qualified in Nassau County
Commission Expires, July 19th, 2017

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
*E-Mail	*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)

Signature

Date

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

9 Concrete Information Choose and complete any appropriate sub-choices9A ☐ 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
*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)
GOURANGA C. KUNDU

Signature

Date 10-20-2015

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

Sworn to or affirmed under penalty of perjury

day of 2015

Notary Signature

Licensee Seal or Notary Seal

SUNIL AGARWAL

Notary Public, State of New York

No. 02AG5015283, Qualified in Nassau County
Commission Expires, July 19th, 2017