



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: 06/10/2008 ☐ Renewal Permit with changes *Complete all sections.*
☐ No Work Permit *Complete all sections.* ☐ Renewal Permit without changes *1, 5, 7-10*

2 Location Information *Required for all applications.*

House No(s) 271-27 Street Name 77 ROAD

Borough QUEENS Block 8554 Lot 24 BIN 4174307 CB No. 413

Work on Floor(s) CEL,001,002,ATT Apt/Condo No(s) _____

3 Applicant / Contractor *Required for all applications. * indicates optional.*

Last Name BOOTA First Name MALIK Middle Initial _____

Business Name M.M.B CONTRACTING INC Business Telephone 7188059722

Business Address 80-28 88 ROAD Business Fax* _____

City QUEENS State New York Zip 11421 Mobile Telephone* _____

E-Mail* _____ Taxpayer ID _____

4 Filing Representative *Complete if different from [redacted] * indicates optional.*

Last Name BOOTA Middle Initial _____

Business Name M.M.B CONTRACTING INC Business Telephone 7188059722

Business Address 80-28 88 ROAD Business Fax* _____

City QUEENS State New York Zip 11421 Mobile Telephone* _____

E-Mail* _____ Registration Number _____

5 Additional Applicant / Contractor Information

- | | | | |
|--|----------|--|--|
| ☒ General Contractor | } 5A, 5B | 5A Insurance Tracking Number | } ☒ Yes ☐ No |
| ☐ Demolition Contractor | | 5B Does work require a HIC license? <i>If yes, HIC license number:</i> | |
| ☐ Fire Suppression Contractor | } 5C, 5D | 5C License Number: <u>1132299</u> | } 5D Is applicant responsible for all work on this application?
☒ Yes ☐ No <i>If no, describe work responsibility:</i> |
| ☐ Master Plumber | | | |
| ☐ Oil Burner Installer | } 5C | | } |
| ☐ Sign Hanger | | | |
| ☐ Professional Engineer | } 5C, 6 | | } |
| ☐ Registered Architect | | | |
| ☐ Homeowner* | | | |

*DOB approval required.

6 Insurance *P.E. / R.A. only.*

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law. Check off all requirements and submit documentation with application.

☐ Liability Insurance *(NB permits only)*

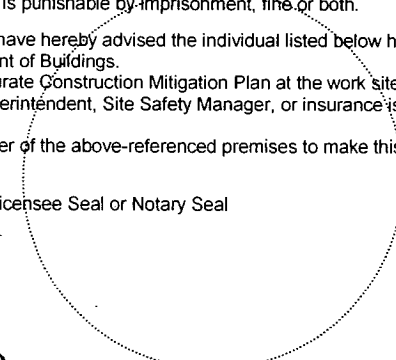
Required for all permits:

☐ Workman's Compensation Insurance

☐ Disability Insurance

7 Type of Permit Choose one and complete any appropriate sub-choices or other information.				
☒ Alteration ☐ Boiler ☐ Construction Equipment ☐ Chute ☐ Fence ☐ Sidewalk ☐ Support ☐ Other: _____	☐ Curb Cut ☐ Demolition and Removal ☐ Fire Alarm ☐ Fire Suppression System ☐ Foundation / Earthwork ☐ Fuel Storage ☐ Mechanical / HVAC ☐ New Building 7B ☐ Earthwork Only	☐ Fuel Burning ☐ Gas ☐ Oil ☐ Plumbing 7C ☐ Sign ☐ Sprinkler 7C ☐ Standpipe 7C	7A Electrical application no. for shed lighting: _____ 7B Related fence job no. _____ 7C If applicable, provide the secondary permit description here: _____ _____ _____	

8 Construction Superintendent / Site Safety Manager Requirements Not required if applicant is licensee.		
I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (choose one):		
☒ Construction Superintendent 10	☐ Site Safety Manager 10	☐ Neither

9 Applicant / Contractor Statements and Signatures Required for all applications.		
I hereby state that the above information is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both. - I hereby state that if a Construction Superintendent or Site Safety Manager is required for this application that I have hereby advised the individual listed below he or she is designed as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings. - I hereby state that I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Construction Mitigation Plan at the work site. - I hereby state that this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Manager, or insurance is for the work as originally filed or as officially amended. - In accordance with Section 27-151 of the Administrative Code, I hereby declare that I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein.		
Name (print) MALIK M BOOTA Signature <i>M. Boota</i> Date 06/10/2008	Notarization (required if not licensee) State of New York, County of: QUEENS Sworn to or affirmed under penalty of perjury 10 day of June Notary Signature <i>Gary Girdhari</i> Notary Public, State of New York No. 01GI4938076 Certified in Queens County Commission Expires July 11, 2010	Licensee Seal or Notary Seal 

10 Construction Superintendent or Site Safety Manager Required except if "Neither" is selected in section 8 above. *indicates optional				
Last Name BOOTA	First Name MALIK	Middle Initial _____		
Business Name M.M.B CONTRACTING INC		Telephone 7188059722		
Address 80-28 88 ROAD			Fax* _____	
City QUEENS	State New York	Zip 11421	Mobile Telephone* _____	
E-Mail* _____		Registration/License Number _____		
Choose one: ☒ Construction Superintendent ☐ Site Safety Manager				
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent/Site Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.				
Name (print) MALIK M BOOTA Signature <i>M. Boota</i> Date 06/10/2008	Notarization State of New York, County of: QUEENS Sworn to or affirmed under penalty of perjury 10 day of JUNE 20 08 Notary Signature <i>Gary Girdhari</i>	Notary Seal GARY GIRDHARI Notary Public, State of New York No. 01GI4938076 Certified in Queens County Commission Expires July 11, 2010		