



Work Permit Application

Cc

**1 Reason for Filing**

- ☒ Initial Permit (c
☐ Renewal with cl
☐ Renewal with r

gning section 9)

2 Location

Borough QUEENS

Block 3390

Lot(s) 16

BIN 4080858

House No(s) 1914

Street Name BLEECKER ST

3 Applicant/Contractor

Last Name RACIC

First Name VLADIMIR

M.I.

Tax-payer ID:

Business Name NYHI END INTERIORS LTD

Business Phone (718) 4186608

E-Mail Address

Address 59-22COOPER AVE

City QUEENS

State NY

ZIP 11385

4 Filing Representative

Complete if different from applicant listed in section 3.

Last Name CENUSE

First Name GABRIELA

M.I.

Registration No. C45183

Business Name ADRIAN TOLBARU ARCHITECT

Business Phone (718) 4561285

E-Mail Address

Address 60-47CATALPA AVE

City QUEENS

State NY

ZIP 11385

5 Insurance (P.E. / R.A. only) Check off all required items and submit with this permit application

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law:

- ☐ Workman's Compensation Insurance (for all permits) ☐ Liability Insurance (for NB permits) ☐ Street Obstruction Bond Insurance (for EQ permits)
☐ Disability Insurance (for all permits)

For renewal with no change, complete only sections (6, 7 & 8) below**6 Applicant Information**

Please check which one of the following applies to the applicant for this permit (select one only)

- ☐ Licensee (Provide number and check off type): ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger Lic. No.: _____
☒ Does the Work Permit applied for require a H.I.C. license? Provide H.I.C. # here if yes: 1249873
☒ General Contractor, Provide Tracking No. (mandatory) _____
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)

If MP, FSC, or OBI applicant, are you responsible for all work on this permit? ☐ Yes ☐ No If not, please describe type of work below:**7 Type of Permit**☐ No Work Permit

For a new building (NB) permit, provide related fence application number (9 digits): _____

- ☐ New Building ☒ Alteration ☐ Sign ☐ Boiler ☐ Standpipe
☐ Demolition & Removal ☐ Plumbing ☐ PA ☐ Fuel Burning: ☐ Oil ☐ Gas ☐ Fire Alarm
☐ Foundation/Earthwork ☐ Curb Cut ☐ Fuel Storage ☐ Fire Suppression System
☐ Earthwork Only ☐ Construction Equipment ☐ Sprinkler ☐ Mechanical/HVAC

→For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.

If this is a secondary plumbing, sprinkler, of standpipe permit, provide the secondary permit description here: _____

8 Statements & Signatures —must be completed by all applicants (for renewals with no change, check off (x) box below)

I hereby state that the above information is correct and complete to the best of my knowledge. 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 this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.

Seal (if applicable)

Applicant Name (Please Print) RACIC V

Title

Signature

Date

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

Job Number - **MANDATORY**
(Affix Label or type in number)

Document Number:
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Check one: ☒ FSC ☐ OBI ☐ Sign Hanger ☐ General Contractor ☐ HIC ☐ Demo Contractor ☐ Home Owner		
Taxpayer ID		

9b Superintendent of Construction Statement (required)

I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.

Seal (if applicable)	Name (please print) DIMA GHEORGHITA	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed)	
	Signature	State of New York, County of <u>Queens</u>	Sworn to or affirmed under penalty of perjury <u>8th</u> day of <u>Nov</u> 20 <u>07</u>
	Date	Notary Signature DONG-SOOK KIM Notary Public, State Of New York No. 4-6281 Qualified In Queens County Commission Expires November 7, 20 <u>08</u>	Notary Seal
The applicant's signing and notarization must take place on the same date			

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Certificate No.		

10a Contractor's Statement for Site Safety Plan

I have advised the individual named above that they have been designated as the Site Safety Manager.

I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs.

I agree to either substitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City

of New York to withdraw the proceeding against the said Site Safety Manager.

I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.

I acknowledge, certify, and accept all of the above.

Contractor Name	
Title	
Signature	Date

10b Site Safety Manager Statement

I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations.

I acknowledge, certify, and accept all of the above.

Name	
Title	
Signature	Date

Notarization for Site Safety Manager

State of New York, County of _____
Sworn to or affirmed under penalty of perjury _____ day of _____ 20____

Notary Signature	Notary Seal