



PW2: Work Permit Application

Must be typewritten.

DEPT. BLDGS	410036125	Job Number
SC080428602		Scan Code

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 *Complete all sections.* ☐ Renewal Permit without changes 1, 5, 7-10

2 Location Information *Required for all applications.*

House No(s) 75-80 Street Name 180 Street
Borough Queens Block 7192 Lot 39 BIN _____ CB No. _____
Work on Floor(s) _____ Apt/Condo No(s) _____

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

Last Name Centa First Name Mario Middle Initial _____
Business Name Centa Plumbing & Heating Inc. Business Telephone (718) 229-5335
Business Address 38-11 Bell Boulevard Business Fax* _____
City Bayside State New York Zip 11361 Mobile Telephone* _____
E-Mail* _____ Taxpayer ID _____

4 Filing Representative *Complete if different from applicant. * indicates optional.*

Last Name Looney Middle Initial _____
Business Name Eastern Expediting Ltd Business Telephone (718) 969-3877
Business Address 80-10 162 Street Business Fax* (718) 969-3998
City Flushing State New York Zip 11432 Mobile Telephone* _____
E-Mail* _____ Registration Number L09986

5 Additional Applicant / Contractor Information

- | | | |
|--|----------|--|
| ☐ General Contractor | } 5A, 5B | 5A Insurance Tracking Number: |
| ☐ Demolition Contractor | | 5B Does work require a HIC license? ☐ Yes ☒ No |
| ☐ Fire Suppression Contractor | } 5C, 5D | If yes, HIC license number: |
| ☒ Master Plumber | | 5C License Number: 1442 |
| ☐ Oil Burner Installer | } 5C | 5D Is applicant responsible for all work on this application? |
| ☐ Sign Hanger | | ☐ Yes ☒ No If no, describe work responsibility: |
| ☐ 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 ☐ Side [redacted] (sq. ft): ☐ Supp [redacted] ☐ Other: _____	☐ Curb Cut ☐ Demolition and Removal ☐ Fire Alarm ☐ Fire Suppression System ☐ Foundation / Earthwork ☐ [redacted]	☐ Fuel Burning ☐ Gas ☐ Oil ☐ Fuel Storage ☐ Mechanical / HVAC ☐ New Building 7B	☒ Plumbing 7C 7A Electrical application no. for shed lighting: ☐ Sign ☐ Sprinkler 7C 7B Related fence job no. ☐ Standpipe 7C 7C If applicable, provide the secondary permit description here: _____ _____

8 Construction Superintendent / Site Safety Manager Requirements Not required if applicant is licensee.
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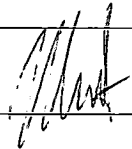
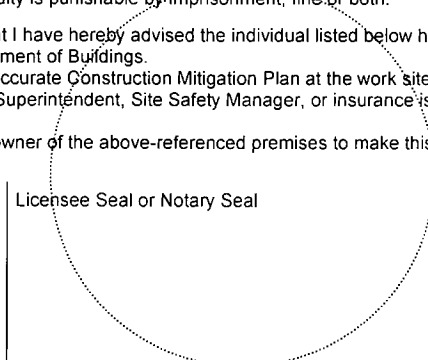
I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (choose one):

☐ Construction Superintendent 10
 ☐ Site Safety Manager 10
 ☒ Neither

9 Applicant / Contractor Statements and Signatures Required for all applications.		
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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) Mario Centa	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 4/25/2008	Notary Signature	

10 Construction Superintendent or Site Safety Manager Required except if "Neither" is selected in section 8 above. *indicates optional			
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Last Name	First Name	Middle Initial
Business Name		Telephone
Address		Fax*
City	State New York Zip	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)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	