



PW2: Work Permit Application

Must be typewritten.

DEPT.BLDGS	410039701	Job Number
SC071023039		Scan Code

BIS Document No., required:

1 Reason For Filing Required for all applications.

- ☒ Initial Permit Complete all sections. Expected work start date: _____
- ☐ No Work Permit Complete all sections.
- ☐ Renewal Permit with changes Complete all sections.
- ☐ Renewal Permit without changes

2 Location Information Required for all applications.

House No(s) 176

Street Name Commodore Circle

Borough Queens

Block 16092

Lot 52

BIN

CB No.

Work on Floor(s) entire

Apt/Condo No(s)

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

Last Name Ercolano

First Name John

Middle Initial

Business Name JME Enterprises Inc

Business Telephone (718) 707-9361

Business Address 44-16 Purvis Street

Business Fax* (718) 845-1991

City Long Island City

State New York

Zip 11101

Mobile Telephone* (516) 779-6266

E-Mail* JMEFire@optonline.net

Taxpayer ID

4 Filing Representative Complete if different from a indicates optional.

Last Name Kantor/Morali/Piazzo

Middle Initial

Business Name Dawn Kantor Enterprises

Business Telephone (718) 845-1911

Business Address 153-14 81 Street

Business Fax* (718) 845-1991

City Howard Beach

State New York

Zip 11414

Mobile Telephone* (917) 806-0411

E-Mail* DKEnterpises@aol.com

Registration Number K65297

5 Additional Applicant / Contractor Information

- ☐ General Contractor
- ☐ Demolition Contractor
- ☒ Fire Suppression Contractor
- ☐ Master Plumber
- ☐ Oil Burner Installer
- ☐ Sign Hanger
- ☐ Professional Engineer
- ☐ Registered Architect
- ☐ Homeowner*

5A,
5B
5C,
5D
5C
5C,
6

5A Insurance Tracking Number:

5B Does work require a HIC license? ☐ Yes ☒ No

If yes, HIC license number:

5C License Number: 895

5D Is applicant responsible for all work on this application?

☒ Yes ☐ No If no, describe work responsibility:

*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	☐ Curb Cut	☐ Fuel Burning	☐ Plumbing 7C	7A Electrical application no. for shed lighting:
☐ Boiler	☐ Demolition and Removal	☐ Gas	☐ Sign	
☐ Construction Equipment	☐ Fire Alarm	☐ Oil	☒ Sprinkler 7C	7B Related fence job no.
☐ Chute	☐ Emission System	☐ Fuel Storage	☐ Standpipe 7C	7C If applicable, provide the secondary permit description here:
☐ Fence	☐ Earthwork	☐ Mechanical / HVAC		
☐ Sidewalk Shed 7A	Area of site (sq. ft):	☐ New Building 7B		
☐ Supported Scaffold				
☐ Other: _____	☐ Earthwork Only			

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) John Ercolano
 Signature *JOHN ERCOLANO*
 Date 2-28-08

Notarization (required if not licensee)
 State of New York, County of:
 Sworn to or affirmed under penalty of perjury
 day of 20
 Notary Signature

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	First Name	Middle Initial
Business Name	Telephone	
Address	Fax*	
City	State New York	Zip
E-Mail*	Mobile Telephone*	
	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	