



PW2: Work Permit Application

Must be typewritten.



BIS Document No., required: 410042635-01

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 1, 5, 7-11

2 Location Information Required for all applications.

House No(s) 43-47 Street Name BYRD ST

Borough QUEENS Block 5141 Lot 28 BIN CB No.

Work on Floor(s) Apt/Condo No(s)

3 Applicant / Contractor Required for all applications. (* Indicates optional.)

Last Name ESCOBAR First Name DANIEL Middle Initial

Business Name THE PLUMBING CO., INC Business Telephone 718-279-4981

Business Address 56-21 MARATHON PKWY, 2 FL *Business Fax

City DOUGLASTON State NY Zip 11362 *Mobile Telephone

*E-Mail Taxpayer ID 5

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

Last Name PAULINO/PAULINO First Name JOSE/CANDIDA Middle Initial

Business Name THE PLUMBING CO., INC Business Telephone 718-279-4981

Business Address 56-21 MARATHON PKWY 2 FL *Business Fax

City DOUGLASTON State NY Zip 11362 *Mobile Telephone

*E-Mail Registration Number

5 Additional Applicant / Contractor Information

- ☐ General Contractor } 5A or 5B-C 5A General Contractor Registration No.:
- ☐ Demolition Contractor } 5B,5C 5B Insurance Tracking Number:
- ☐ Fire Suppression Contractor } 5C Does work require a HIC license? ☐ Yes ☐ No
- ☒ Master Plumber } 5D,5E If yes, HIC license number:
- ☐ Oil Burner Installer } 5D 5D License Number: 1950
- ☐ Sign Hanger } 5D, 6 5E Is applicant responsible for all work on this application?
- ☐ Professional Engineer } ☐ Yes ☒ No If no, describe work responsibility:
- ☐ 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 7D ☐ Curb Cut ☐ Fuel Burning ☒ Plumbing 7C 7A Electrical application no. for shed lighting:
- ☐ Boiler ☐ Demolition and Removal ☐ Gas ☐ Sign 7B Related fence job no.
- ☐ Construction Equipment ☐ Fire Alarm ☐ Oil ☐ Sprinkler 7C 7C Secondary permit description (if applies):
- ☐ Chute ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 7C
- ☐ Fence ☐ Foundation / Earthwork ☐ Mechanical / HVAC
- ☐ Sidewalk Shed 7A Area of site (sq. ft): ☐ New Building 7B
- ☐ Supported Scaffold 7D Mechanical means* to be used?
- ☐ Other: ☐ Earthwork Only ☐ Yes 11 ☐ No



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

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 11 ☐ Site Safety Coordinator 11 ☒ None

9 Applicant / Contractor Statements and Signatures *Required for all applications.*

I hereby state 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. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Such action is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

- I hereby state if a Construction Superintendent is required for this application 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 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 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 §27-151 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.

Name (print)
DANIEL ESCOBAR

Signature

Date **05/21/09**

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 *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 Construction Superintendent 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

11 Site Safety Manager/Coordinator *Required if applicable. (* Indicates optional.)*

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*E-Mail	*Mobile Telephone	
		Certificate Number

Choose one: ☐ Site Safety Manager ☐ Site Safety Coordinator

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager/Site Safety Coordinator (identified above) 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