



PW2: Work Permit Application

Must be typewritten.

DEPT. BLDGS	410066770	Job Number
SC080603603		Scan Code

BIS Document No., required: 1

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, 7-10

2 Location Information Required for all applications.

House No(s) 198-18 Street Name 32 ROAD -

Borough QUEENS Block 6025 Lot 9 BIN 4134101 CB No. 411

Work on Floor(s) cel, 1

Apt/Condo No(s)

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

Last Name SIMPSON

First Name MIKE

Middle Initial

Business Name MIKE'S CONTRACTING & PLUMBING

Business Telephone 7188130728

Business Address 233 W 113 ST

Business Fax

City NY

State New York Zip 10026

Mobile Telephone* 9175897621

E-Mail*

Taxpayer ID

4 Filing Representative Complete if different from applicant specified in section 3. * indicates optional.

Last Name DU

Middle Initial

Business Name MIKE'S CONTRACTING

Business Telephone 7188130728

Business Address 233 W 113 ST

Business Fax

City NY

State New York Zip 10026

Mobile Telephone* 9175897621

E-Mail*

Registration Number D06190

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:

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
☐ Boiler	☐ Demolition and Removal	☐ Gas	☐ Sign
☐ Construction Equipment	☐ Fire Alarm	☐ Oil	☐ Sprinkler 7C
☐ Chute	☐ Fire Suppression System	☐ Fuel Storage	☐ Standpipe 7C
☐ Fence	☐ Foundation / Earthwork	☐ Mechanical / HVAC	
☐ Sidewalk Shed 7A	Area of site (sq. ft):	☐ New Building 7B	
☐ Staircase			
☐ Other:	☐ Earthwork Only		
		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 fitted 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) MIKE SIMPSON	Notarization (required if not licensee) State of New York, County of Queens	Licensee Seal or Notary Seal
Signature <i>Mike Simpson</i>	Sworn to or affirmed under penalty of perjury 2 day of 6 20 08	STACY MOON Notary Public, State of New York No. 01M06116238 Qualified in Queens County Commission Expires Sept. 20, 2008
Date 6/2/2008	Notary Signature <i>[Signature]</i>	

10 Construction Superintendent or Site Safety Manager Required except if Neither is selected in section 8 above. *Indicates optional			
Last Name		First Name	
Business Name		Middle Initial	
Address		Telephone	
City		Fax*	
State ☐ ☐ ☐ 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		