



PW2: Work Permit Application

Must be typewritten.



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 1, 5, 7-10

2 Location Information Required for all applications.

House No(s) 24-11 Street Name 19 street

Borough QUEENS

Block 889

Lot 73

BIN 4020027

CB No. 401

Work on Floor(s) OG

Apt/Condo No(s)

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

Last Name PSYLLOS

First Name EVAN

Middle Initial

Business Name PECONIC GROUP, INC

Business Telephone (718) 225-2300

Business Address 183 CRABAPPLE ROAD

Business Fax*

City MANHASSET

State New York Zip 11030

Mobile Telephone*

E-Mail*

Taxpayer ID

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

Last Name BOURNIAS/GARRIS

CIA

Middle Initial

Business Name TOPOS DESIGNS, INC

Business Telephone (718) 478-6786

Business Address 61-09 37 AVENUE

Business Fax*

City WOODSIDE

State New York Zip 11377

Mobile Telephone*

E-Mail*

Registration Number B06445

5 Additional Applicant / Contractor Information

☒ General Contractor

☐ Demolition Contractor

☐ Fire Suppression Contractor

☐ Master Plumber

☐ Oil Burner Installer

☐ Sign Hanger

☐ Professional Engineer

☐ Registered Architect

☐ Homeowner*

*DOB approval required.

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:

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	☐ Fire Suppression System	☐ Fuel Storage	☐ Standpipe 7C	7C If applicable, provide the secondary permit description here:
☐ Fence	☐ Foundation / Earthwork	☐ Mechanical / HVAC		
☐ [Redacted] site (sq. ft):	☐ New Building 7B			
☐ 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) **EVAN PSYLLOS**

Signature

Date

3/27/08

Notarization (required if not licensee)

State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

27th day of March 20 08

Notary Signature

Licensee Seal or Notary Seal

NOTARY PUBLIC, State of New York
No. 01606096473
Qualified in Queens County
Commission Expires September 15, 20 11

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*	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)

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal