

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: _____ ☐ 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) 141-33 Street Name UNION TURNPIKE

Borough Queens

Block 6633

Lot 1

BIN 4451317

CB No. 8

Work on Floor(s) CELLAR

Apt/Condo No(s)

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

Last Name CALISTO

First Name MICHAEL

Middle Initial J.

Business Name DMC PLBG & HTG, CORP.

Business Telephone 718-383-9300

Business Address 111 CLAY STREET, SUITE 200

Business Fax*

City BROOKLYN

State NY

Zip 11222

Mobile Telephone*

E-Mail* contact@ac-heatingservices.com

Taxpayer ID

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

Last Name MOSKOVER/SANTOS

Middle Initial

Business Name D & D EXPEDITOR

Business Telephone 631-957-9770

Business Address 211 SOUTH WELLWOOD AVENUE

Business Fax*

City LINDENHURST

State NY

Zip 11757

Mobile Telephone*

E-Mail* info@ddexpeditors.com

Registration Number M07992

5 Additional Applicant / Contractor Information

- ☐ General Contractor } 5A,
☐ Demolition Contractor } 5B
☐ Fire Suppression Contractor } 5C,
☒ Master Plumber } 5D
☐ Oil Burner Installer } 5C
☐ Sign Hanger } 5C
☐ Professional Engineer } 5C,
☐ Registered Architect } 6
☐ Homeowner*

*DOB approval required.

5A Insurance Tracking Number:

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

If yes, HIC license number:

5C License Number: 1668

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

COPY OPTION

#410096505

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		
☐ Sidewalk Shed 7A	Area of site (sq. ft):	☐ New Building 7B		
☐ Supported Scaffold				
☐ Other: [REDACTED]	☐ 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)
MICHAEL J. CALISTO

Signature
[Signature]

Date
3/17/2008

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

SEAL HERE →

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 [REDACTED]	
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)

Signature

Date

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal