



PW-2: Work Permit Application

Must be typewritten.

DEPT. BLDGS	410102179	Job Number
SC080618626		Scan Code

IS Document No., required: 410102179

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)	45-45	Street Name	157 STREET
Borough	QUEENS	Block	5436
Lot	22	BIN	
CB No.			
Work on Floor(s)		Apt/Condo No(s)	

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

Last Name	OWEN	First Name	CHRISTOPHER	Middle Initial	D
Business Name	CHRIS OWEN PLUMBING & HEATING INC.			Business Telephone	(718) 738-0967
Business Address	96-32 LINDEN BLVD			Business Fax*	(718) 738-0727
City	OZONE PARK	State	New York	Zip	11417
E-Mail*		Mobile Telephone*		Taxpayer	

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

Last Name	LOONEY/HAN	First Name	HUA/MEI	Middle Initial	
Business Name	EASTERN EXPIDITING LTD.			Business Telephone	(718) 969-3877
Business Address	80-10 162 STREET			Business Fax*	(718) 969-3998
City	FLUSHING	State	New York	Zip	11432
E-Mail*		Mobile Telephone*		Registration Number	L09986

5 Additional Applicant / Contractor Information

☐ General Contractor	5A, 5B	5A Insurance Tracking Num	
☐ Demolition Contractor		5B Does work require a HIC license? ☐ Yes ☒ No	
☐ Fire Suppression Contractor	5C, 5D	If yes, HIC license number:	
☒ Master Plumber		5C License Number: 1358	
☐ Oil Burner Installer	5C, 6	5D Is applicant responsible for all work on this application?	
☐ Sign Hanger		☒ Yes ☐ No If no, describe work responsibility:	
☐ Professional Engineer			
☐ 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



DEPT. BLDGS

FC-PW2...-02

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: _____	☐ 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.

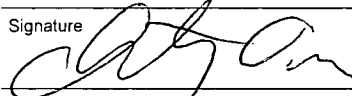
- I hereby state that if a Construction Superintendent or Site Safety Manager is required for this application that I have hereby advised the individual listed below he or she is designed as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings.
- I 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) CHRISTOPHER OWEN

Notarization (required if not licensee)
State of New York, County of:

Licensee Seal or Notary Seal

Signature



Sworn to or affirmed under penalty of perjury

day of 20

Date

6/18/08

Notary Signature

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