



NYC
Development
Hub



Project Specific General Liability Insurance Tool

[Learn more about the additional project-specific insurance requirements when obtaining permits.](#)

***No project specific insurance is required based on the data inputted. PGL1 is not required.**

Job Location

Please enter the following information about the Location where the work will take place.

*Borough	*House Number	*Street Name	
Queens	155	Compass Place	
*Block	*Lot	*BIN	CB No.
15905	89	4865067	

Project Specific Insurance

*Is a Tower Crane to be used? ☐ Yes ☒ No

*Is proposed construction on a 1 or 2 family home? ☒ Yes ☐ No

*Will depth of excavation be less than 12 feet? ☒ Yes ☐ No

*Is proposed construction on a lot line with existing structure? ☐ Yes ☒ No

*Is proposed height less than 35 feet? ☒ Yes ☐ No

Permit Type: ☐ Foundation Permits ☐ Full Demo Permits ☒ New Buildings/Major Alterations (includes Alteration Enlargements and Partial Demos)

Building height of the proposed construction: 25 ft

Number of stories of the proposed construction: 2

*Building height of the tallest adjacent building: 25 ft

*Number of stories of the tallest adjacent building: 2

*Project-specific GL insurance is not required for storage shed, garage, or similar accessory use to a residential structure.

Applicant Statement

*Applicant Name: Gerard Ronski

*Registration/Tracking Number: 30101

- ☒ The information in this application is correct and complete to the best of my knowledge and I assume responsibility for all statements on this form. I understand that if I am found after hearing to have knowingly or negligently made a false statement on this or any other document submitted to the Department, I may be subject to fine, imprisonment, and/or barred from filing further documents with the Department. 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.

Print PGL1 Form