



PW2: Work Permit Application

Form must be typewritten.

DEPT BLDGS Job No. 420202890



Scan Code ESHS9260012

BIS Document No. required: 420202890

1 REASON FOR FILING (required for all applications)

☐ Initial Permit (complete all sections) Expected work start date: _____

☐ No Work Permit

☐ Renewal Permit with changes (complete all sections)

☒ Renewal Permit without changes 1, 3, 4, 7 - 12

2 LOCATION INFORMATION (required for all applications)

House No(s) 89-14

Street Name PARSONS BOULEVARD

Borough QUEENS

Block 9755

Lot 7501

BIN 4208831

CB No. 412

Work on Floor(s)

Apt./Condo No(s)

Total number of dwelling units at location 0

Number of dwelling units occupied during construction 0

3 TYPE OF PERMIT (choose one and complete any appropriate sub-choices or other information)

☐ Alteration

☐ Curb Cut

☐ Fuel Burning

☐ Plumbing 3C

3A Electrical Application No.:
(for shed lighting)

☐ Filed as NB (28-101.4-5)

☐ Demolition and Removal

☐ Gas

☐ Sign

☐ Boiler

☐ Fire Alarm

☐ Oil

☒ Sprinkler 3C

3B Related Fence Job No.

☐ Construction Equipment

☐ Fire Suppression System

☐ Fuel Storage

☐ Standpipe 3C

☐ Chute ☐ Fence

☐ Foundation/Earthwork

☐ Mechanical/HVAC

3C Secondary Permit Description:
(if applies)

☐ Sidewalk Shed 3A

Area of site (sq. ft):

☐ New Building 3B

☐ Supported Scaffold

☐ Other: _____

☐ Earthwork Only

3D ☐ Yes ☒ No Are you adding more than three stories?

☐ Yes ☒ No

Are you removing one or more stories? If Yes, 8

☐ Yes ☒ No Are you performing work in 50% or more of the area of the building?

☐ Yes ☒ No

Are you demolishing 50% or more of the area of the building? If Yes, 8

☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building?

☐ Yes ☒ No

Does your approved work include concrete? If Yes, is your concrete work completed?
☐ Yes ☐ No complete section 9

☐ Yes ☒ No Are mechanical means to be used?

☐ Yes ☒ No

Are you altering 10% or more of the existing floor surface area of the building?

4 APPLICANT/CONTRACTOR (required for all applications) - * indicates optional

Last Name AMANTEA

First Name MICHAEL

Business Name MAGIC MECHANICAL INC

Business Address 88-05 101 AVENUE

City OZONE PARK

State NY

Zip 11417

*Mo

Email esther@magicmec.com

Taxpayer ID 113-31-2021

☐ General Contractor 4A, 4B

☒ Fire Suppression Contractor 4C, 4D

☐ Master Plumber 4C, 4D

☐ Oil Burner Installer 4C, 4D

☐ Sign Hanger 4D

☐ Professional Engineer 4C, 6

☐ Registered Architect 4C, 6

☐ Homeowner
(DOB approval required)

4A Provide registration or tracking number:

4B Does work require a HIC license? ☐ Yes ☒ No If Yes, HIC License No.:

4C License No.: 820-B

4D Is applicant responsible for all work on this application? ☒ Yes ☐ No

If No, describe work responsibility:

4E



DEPT BLDGS

FC-PW2.V3-03

Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306.4).

Rev. 3/22

5 FILING REPRESENTATIVE (complete if different from applicant specified in Section 3) * indicates optional

Last Name TORRES		First Name JOHN	Middle Initial
Business Name MAGIC MECHANICAL INC		Business Telephone 718-925-9201	
Business Address 88-05 101 AVENUE		*Business Fax 718-925-9166	
City OZONE PARK	State NY	Zip 11417	*Mobile Telephone
*Email esther@magicmec.com		Registration Number	

6 INSURANCE (PE/RA ONLY) * indicates required for all permits

☐ Liability Insurance (NB permits only)
 ☐ Workers' Compensation Insurance*
 ☐ Disability Insurance*

7 CONSTRUCTION SUPERINTENDENT, SITE SAFETY COORDINATOR, SITE SAFETY MANAGER (required if applicable)

I, the applicant/contractor, hereby declare the scope of work filed under this permit application requires: (choose one - * indicates optional)

☐ Construction Superintendent		☐ Site Safety Coordinator		☐ Site Safety Manager	
Last Name		First Name		Middle Initial	
Business Name				Telephone	
Address				*Fax	
City	State	Zip		*Mobile Telephone	
*Email		Registration Number			

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent, or Site Safety Coordinator, or 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	

8 DEMOLITION SUBCONTRACTOR (required if applicable) - * indicates optional

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name		First Name	Middle Initial
Business Name		Telephone	
Address		*Fax	
City	State	Zip	*Mobile Telephone
*Email		Registration Number	

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Demolition Subcontractor 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	

9 CONCRETE INFORMATION (choose and complete any appropriate sub choices)

9A ☐ Yes ☐ No Are you requesting to exclude concrete work at this time from this permit? If No, 9B

9B ☐ Yes ☐ No Does your approved work include 2,000 cubic yards or more of concrete? If Yes, 10 and 11

10 CONCRETE SUBCONTRACTOR (required if applicable) * indicates optional

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*Email	*Mobile Telephone	
Registration Number		

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Subcontractor 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	

11 CONCRETE SAFETY MANAGER (required if applicable) - * indicates optional

Last Name	First Name	Middle Initial
Business Name	Telephone	
Address	*Fax	
City	State	Zip
*Email	*Mobile Telephone	
Registration Number		

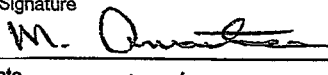
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Safety Manager (identified above) as set

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	

12 APPLICANT/CONTRACTOR STATEMENTS AND SIGNATURES (required for all applications)

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.

- I will comply with all applicable laws, rules and regulations including all insurance requirements, and, in addition,
- I hereby state if a Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Demolition Subcontractor, Concrete Subcontractor, or Concrete Safety Manager is required for this application I have hereby advised the individual listed herein he or she is designated as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings.
- I hereby state this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Coordinator, Site Safety Manager, Subcontractors, Concrete Safety Manager or insurance is for the work as originally filed or as officially amended.
- In accordance with §28-104.8 of the Administrative Code, I hereby declare I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein. In accordance with Rule 101-16, I will post the permit in a conspicuous and visible location.
- I hereby state that all construction and demolition workers employed or otherwise engaged at the site and working under this permit have received site safety training in accordance with BC 3321.
- In accordance with §28-120.3 of the Administrative Code, I certify that, if applicable, any tenant protection plan submitted for this work coordinates with the scope of work intended.
- I understand that, pursuant to §28-120.1 of the Administrative Code, if applicable, the registered design professional who prepares the tenant protection plan must be retained by the general contractor performing the work.

Name (print) MICHAEL AMANTEA	Notarization (required if not license) State of New York, County of:	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury day of 20	
Date 6/20/2022	Notary Signature	