



## PW2: Work Permit Application

Must be typewritten.



BIS Document No., required: 420497849

### 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 ☐ Renewal Permit without changes 1, 3, 4, 7 - 12

### 2 Location Information *Required for all applications.*

House No(s) 25 Street Name ARLEIGH ROAD  
Borough Queens Block 8040 Lot 59 BIN 4168247 C.B. No. 411  
Work on Floor(s) OSP Apt. / Condo No(s)

### 3 Type of Permit *Choose one and complete any appropriate sub-choices or other information.*

- |                                                            |                                                  |                                            |                                                                                       |
|------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alteration                        | <input type="checkbox"/> Curb Cut                | <input type="checkbox"/> Fuel Burning      | <input type="checkbox"/> Plumbing 3C 3A Electrical application no. for shed lighting: |
| <input type="checkbox"/> Boiler                            | <input type="checkbox"/> Demolition and Removal  | <input type="checkbox"/> Gas               | <input type="checkbox"/> Sign                                                         |
| <input checked="" type="checkbox"/> Construction Equipment | <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Oil               | <input type="checkbox"/> Sprinkler 3C 3B Related fence job no.                        |
| <input type="checkbox"/> Chute                             | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage      | <input type="checkbox"/> Standpipe 3C 3C Secondary permit description (if applies):   |
| <input checked="" type="checkbox"/> Fence                  | <input type="checkbox"/> Foundation / Earthwork  | <input type="checkbox"/> Mechanical / HVAC |                                                                                       |
| <input type="checkbox"/> Sidewalk Shed 3A                  | Area of site (sq. ft):                           | <input type="checkbox"/> New Building 3B   |                                                                                       |
| <input type="checkbox"/> Supported Scaffold                |                                                  |                                            |                                                                                       |
| <input type="checkbox"/> Other: _____                      | <input type="checkbox"/> 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?

### 4 Applicant / Contractor *Required for all applications. (\* Indicates optional.)*

Last Name HEITZ First Name FRED Middle Initial  
Business Name HEITZ LANDSCAPE INC Business Telephone 718-224-4300  
Business Address 42-28 235TH STREET, \*Business Fax  
City DOUGLASTON State Zip 11363 \*Mobile Telephone  
\*E-Mail Taxpayer ID 11

- |                                                               |                                                                                                                                            |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> General Contractor 4A, 4B | 4A Provide registration or tracking number: 28166                                                                                          |
| <input type="checkbox"/> Fire Suppression Contractor 4C, 4D   | 4B Does work require a HIC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, HIC license number:</i> |
| <input type="checkbox"/> Master Plumber 4C, 4D                | 4C License Number:                                                                                                                         |
| <input type="checkbox"/> Oil Burner Installer 4C, 4D          | 4D Is applicant responsible for all work on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| <input type="checkbox"/> Sign Hanger 4D                       | <i>If no, describe work responsibility:</i>                                                                                                |
| <input type="checkbox"/> Professional Engineer 4C, 6          |                                                                                                                                            |
| <input type="checkbox"/> Registered Architect 4C, 6           |                                                                                                                                            |
| <input type="checkbox"/> Homeowner*                           |                                                                                                                                            |

\*DOB approval required.



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

**5 Filing Representative** Complete if different from applicant specified in section 3. (\* Indicates optional.)

|                  |                                    |            |                   |                     |                |
|------------------|------------------------------------|------------|-------------------|---------------------|----------------|
| Last Name        | Wong/Li/Chu/Lisk                   | First Name | Chee/Yat/Jose/Joa | Middle Initial      |                |
| Business Name    | Royal Engineering P.C              |            |                   | Business Telephone  | (917) 770-8982 |
| Business Address | 146-02 Hillside Avenue - 2nd Floor |            |                   | *Business Fax       |                |
| City             | Jamaica                            | State      | NY                | Zip                 | 11435          |
| *E-Mail          |                                    |            |                   | *Mobile Telephone   |                |
|                  |                                    |            |                   | Registration Number | W84002         |

**6 Insurance** P.E. / R.A. 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. (\* Indicates optional.)

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

☐ Construction Superintendent ☐ Site Safety Coordinator ☐ Site Safety Manager

|               |                   |                     |
|---------------|-------------------|---------------------|
| Last Name     | First Name        | Middle Initial      |
| Business Name | Telephone         |                     |
| Address       | *Fax              |                     |
| City          | State             | Zip                 |
| *E-Mail       | *Mobile Telephone |                     |
|               |                   | 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<br>State of New York, County of:                  | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br><br>day of 20 |             |
| Date         | Notary Signature                                               |             |

**8 Demolition Subcontractor** Required if applicable. (\* Indicates optional.)

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

|               |                   |                     |
|---------------|-------------------|---------------------|
| Last Name     | First Name        | Middle Initial      |
| Business Name | Telephone         |                     |
| Address       | *Fax              |                     |
| City          | State             | Zip                 |
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|------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
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| Last Name                                            | First Name                                       | Middle Initial                               |
| Business Name                                        | Telephone                                        |                                              |
| Address                                              | *Fax                                             |                                              |
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|                                   |                                                                                            |                                                                                                                                                            |
|-----------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (print)<br><i>Fred Heitz</i> | Notarization<br>State of New York, County of: <i>Queens</i>                                | Notary Seal                                                                                                                                                |
| Signature<br><i>[Signature]</i>   | Sworn to or affirmed under penalty of perjury<br><i>19</i> day of <i>June</i> 20 <i>12</i> | <i>Gerard L. O'Connell</i><br>Notary Public, State of New York<br>No. 010C4951784<br>Qualified in Queens County<br>Commission Expires May 30, 20 <i>15</i> |
| Date<br><i>6/19/12</i>            | Notary Signature<br><i>[Signature]</i>                                                     |                                                                                                                                                            |