



## PW2: Work Permit Application

Must be typewritten.



### 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) 33-39 Street Name 160 STREET  
Borough QUEENS Block 5245 Lot 23 BIN 4118573 C.B. No. 407  
Work on Floor(s) 001 Apt. / Condo No(s)

### 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:  
☐ Boiler ☐ Demolition and Removal ☐ Gas ☐ Sign  
☒ Construction Equipment ☐ Fire Alarm ☐ Oil ☐ Sprinkler 3C 3B Related fence job no.  
☐ Chute ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 3C 3C Secondary permit description (if applies):  
☒ Fence ☐ Foundation / Earthwork ☐ Mechanical / HVAC  
☐ 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?

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

Last Name CASTILLO First Name HERNAN Middle Initial  
Business Name E. CASTILLO CONSTRUCTION CORP. Business Telephone 718-969-4836  
Business Address 158-23 GRAND CENTRAL PARKWAY \*Business Fax 718-821-1088  
City JAMAICA State NY Zip 11432 \*Mobile Telephone  
\*E-Mail Taxpayer ID

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 601255  
☐ Fire Suppression Contractor 4C, 4D 4B Does work require a HIC license? ☐ Yes ☒ No *If yes, HIC license number*  
☐ Master Plumber 4C, 4D 4C License Number:  
☐ Oil Burner Installer 4C, 4D 4D Is applicant responsible for all work on this application? ☒ Yes ☐ No  
☐ Sign Hanger 4D *If no, describe work responsibility:*  
☐ Professional Engineer 4C, 6  
☐ Registered Architect 4C, 6  
☐ Homeowner\*

\*DOB approval required.



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

|                                                                                                                     |          |                                 |                   |
|---------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|-------------------|
| <b>5 Filing Representative</b> Complete if different from applicant specified in section 3. (* Indicates optional.) |          |                                 |                   |
| Last Name CARNER                                                                                                    |          | First Name REX                  |                   |
|                                                                                                                     |          | Middle Initial                  |                   |
| Business Name CARNER ASSOCIATES, INC.                                                                               |          | Business Telephone 718-224-0180 |                   |
| Business Address 23-25 BELL BLVD., SUITE LF                                                                         |          | *Business Fax 718-224-3976      |                   |
| City BAYSIDE                                                                                                        | State NY | Zip 11360                       | *Mobile Telephone |
| *E-Mail CAIARCHITECT1@AOL.COM                                                                                       |          | Registration Number C08101      |                   |

|                                                                                                                                                                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>6 Insurance P.E. / R.A. only</b> (* indicates required for all permits)                                                                                               |  |  |  |
| <input type="checkbox"/> Liability Insurance (NB permits only) <input type="checkbox"/> Workers' Compensation Insurance* <input type="checkbox"/> Disability Insurance * |  |  |  |

|                                                                                                                                    |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>7 Construction Superintendent, Site Safety Coordinator, Site Safety Manager</b> Required if applicable. (* Indicates optional.) |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

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

|                                                      |       |                                                  |                   |                                              |  |
|------------------------------------------------------|-------|--------------------------------------------------|-------------------|----------------------------------------------|--|
| <input type="checkbox"/> Construction Superintendent |       | <input type="checkbox"/> Site Safety Coordinator |                   | <input type="checkbox"/> Site Safety Manager |  |
| Last Name                                            |       | First Name                                       |                   | Middle Initial                               |  |
| Business Name                                        |       |                                                  |                   | Telephone                                    |  |
| Address                                              |       |                                                  |                   | *Fax                                         |  |
| City                                                 | State | Zip                                              | *Mobile Telephone |                                              |  |
| *E-Mail                                              |       | 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                                               |             |

|                                                                                   |  |  |  |
|-----------------------------------------------------------------------------------|--|--|--|
| <b>8 Demolition Subcontractor</b> 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                 | *Mobile Telephone |                |  |
| *E-Mail       |       | 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<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                                               |             |

**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.)

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

|               |                   |                     |
|---------------|-------------------|---------------------|
| 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 Concrete Subcontractor 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>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                 |
| *E-Mail       | *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 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>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.
- ☒ Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print)  
HERNAN CASTILLO

Signature

Date

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

Sworn to or affirmed under penalty of perjury

31 day of May

Notary Signature

Iris Claire Friedman  
Notary Public, State of New York  
No. 01FR5029279  
Qualified in Queens County  
Commission Expires June 13, 2014