



PW2: Work Permit Application

Must be typewritten

DEPT BLDGS Job No. 421241953



Scan Code ESHS3711888

BIS Document No., required

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) 93-09 Gar Street Name Lamont Ave

Borough Queens

Block 1565

Lot 43

BIN 4471678

C.B. No. 404

Work on Floor(s) ALL FLOORS

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. |
| ☐ 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 | 3C Secondary permit description (if applies): |
| ☐ Chute ☐ 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*

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

Last Name Vera

First Name Freddy

Middle Initial

Business Name Vision Contracting NY Corp

Business Address 102-16 35 Avenue

City Corona

State Queens

Zip 11368

*E-Mail visioncontractingnycorp@gmail.com

- | | | |
|--|--------|---|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: 615 |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No |
| ☐ 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 | <i>If no, describe work responsibility:</i> |
| ☐ Professional Engineer | 4C, 6 | |
| ☐ Registered Architect | 4C, 6 | |
| ☐ Homeowner | | |

DOB approval required



FC-PW2 V3-03

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	RIOS	First Name	MARIA	Middle Initial	
Business Name	N/A			Business Telephone	347-445-0845
Business Address	31-34 105ST			*Business Fax	
City	EAST ELMHURST	State	NY	Zip	11369
*E-Mail	MJREXPEDITING@GMAIL.COM			*Mobile Telephone	347-445-0845
				Registration Number	6162

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	TAN	First Name	WEN	Middle Initial	LIANG
Business Name	TAN DEVELOPMENT LLC			Telephone	917-562-0345
Address	23 MONTEREY DRIVE			*Fax	
City	MANHASSET HIL	State	NY	Zip	11040
*E-Mail	kentan7711@yahoo.com			*Mobile Telephone	
				Registration Number	20325

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)
Wen Liang Tan

Signature

Date

Notarization
State of New York, County of: Nassau
Sworn to or affirmed under penalty of perjury
11th day of May 2017
Notary Signature [Signature]

Notary Seal

SAUPING CHIN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CH6208713
Qualified in Nassau County
My Commission Expires July 06, 2017

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	
*E-Mail				*Mobile Telephone	
				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)

Signature

Date

Notarization
State of New York, County of:
Sworn to or affirmed under penalty of perjury
day of 20
Notary Signature

Notary Seal

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 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
*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.

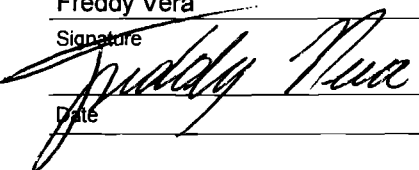
Name (print)	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	

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
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance

Name (print) Freddy Vera	Notarization (required if not licensee) State of New York, County of: Nassau	Licensee Seal or Notary Seal SAUPING CHIN
Signature 	Sworn to or affirmed under penalty of perjury 11 th day of May 2017	NOTARY PUBLIC-STATE OF NEW YORK No. 01CH6208713 Qualified in Nassau County My Commission Expires July 06, 2017
Date	Notary Signature 