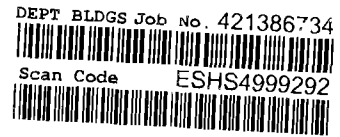




PW2: Work Permit Application

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) 36-20 Street Name Steinway Street
Borough Queens Block 665 Lot 34 BIN 4010857 C.B. No. 401
Work on Floor(s) _____ 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*
☒ Yes ☐ No Are mechanical means to be used?

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

Last Name Perciballi First Name Michael Middle Initial _____
Business Name Perciballi Industries Business Telephone 718-351-3373
Business Address 586A Midland Avenue, 2nd Floor *Business Fax _____
City Staten Island State NY Zip 10306 *M _____
*E-Mail _____

- | | | |
|--|--------|--|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number. 603016 |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☐ Yes ☒ No <i>If yes, 8</i> |
| ☐ Master Plumber | 4C, 4D | 4C License Number: _____ |
| ☐ Oil Bumer 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.

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 Raiford/Zhu/Affatato		First Name Tammy/Yen/Tracy	
Business Name DemoWorks Expediting, Inc		Business Telephone 516-466-2789	
Business Address 350 Northern Blvd., Suite 322		*Business Fax 516-466-2744	
City Great Neck	State NY	Zip 11021	*Mobile Telephone
*E-Mail Demoworks@aol.com		Registration Number	

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 Perciballi	First Name Egidio	Middle Initial
Business Name Block 3575 Corp.		Telephone 718-351-7836
Address 48 Dutchess Avenue		*Fax
City Staten Island	State NY	Zip 10304
*E-Mail	Registration Number 023262	

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) Perciballi Egidio	Notarization State of New York, County of: Richmond	Notary Seal ALEXANDRA GIANNOTTO Notary Public, State of New York No. 0161628476 Qualified in Richmond County Commission Expires March 17, 2017
Signature <i>Egidio Perciballi</i>	Sworn to or affirmed under penalty of perjury 31 st day of March 2017	
Date 3/31/17	Notary Signature <i>Alexandra Giannotto</i>	

8 Demolition Subcontractor Required if applicable. (* Indicates optional.)			
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☐ 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 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 ☐ 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	*Mobile Telephone	
*E-Mail	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	*Mobile Telephone	
*E-Mail	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) Michael Perciballi	Notarization (required if not licensee) State of New York, County of: Richmond	Licensee Seal or Notary Seal ALEXANDRA GIANNOTTO Notary Public, State of New York No. 01G16298476 Qualified in Richmond County Commission Expires March 17, 2018
Signature <i>Michael Perciballi</i>	Sworn to or affirmed under penalty of perjury 31st day of March 2017	
Date 3/31/17	Notary Signature <i>Alexandra Giannotto</i>	