



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 421599979



Scan Code ESHS0284282

BIS Document No., required 421599979

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) **157-15** Street Name **134 AVENUE**

Borough **QUEENS**

Block **12282**

Lot **39**

BIN **4266298**

C.B. No **412**

Work on Floor(s) **CEL,001,002,OSP**

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 **ALLY**

First Name **NEAZABAM**

Middle Initial

Business Name **NCR.CONSTRUCTION**

Business Telephone **917-974-0157**

Business Address **119-16 201ST PLACE**

*Business Fax

City **ST. ALBANS**

State **NY**

Zip **11412**

*Mobile Telephone

*E-Mail

Taxpayer ID **20-2518901**

- | | |
|--|--------|
| ☒ 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:* **618972**

4B Does work require a HIC license? ☐ Yes ☒ No *If yes, HIC license number:*

4C License Number:

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

If no, describe work responsibility

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

Last Name Fran/Ram/Park/Quatel/L		First Name Carm/Paula/Mari/Frank/Jo		Middle Initial
Business Name ROYAL ENGINEERING PC		Business Telephone 917-770-8982		
Business Address 146-02 HILLSIDE AVENUE 2FL		*Business Fax		
City JAMAICA	State NY	Zip 11435	*Mobile Telephone	
*E-Mail INFO.TNEBUILDING@GMAIL.COM		Registration Number 003081		

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)

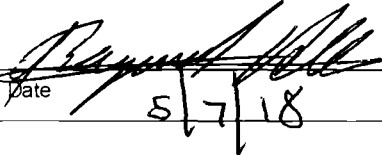
☒ Construction Superintendent ☐ Site Safety Coordinator ☐ Site Safety Manager

Last Name ALLY		First Name RAYMOND		Middle Initial
Business Name RAYMOND ALLY		Telephone 917-439-6097		
Address 6 HARRIET CT		*Fax		
City MALVERNE	State NY	Zip 11565	*Mobile Telephone	
*E-Mail		Registration Number 027273		

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

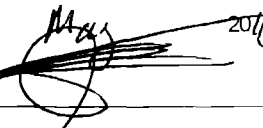
Name (print)
RAYMOND ALLY

Signature


Date **5/7/18**

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

7 day of **May** 20**18**
Notary Signature 

Notary Seal

ANDREA S GROSS
Notary Public, State of New York
No. 02GR5024883
Columbia County
Commission Expires 12/31/2019

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	*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)

Signature

Date

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

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*

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

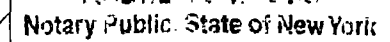
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Subcontractor as set forth in the Department of Buildings rules and regulations.

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.

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) NEAZABAM ALLY	Notarization (required if not licensee) State of New York, County of:	Licensee Seal or Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 7 day of May 2018	
Date 5/7/18	Notary Signature 	