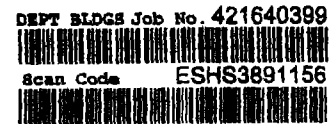




PW2: Work Permit Application

Must be typewritten.



BIS Document No., required:

1 Reason For Filing Required for all applications.

- ☒ Initial Permit Complete all sections Expected work start date: 12-03-2018 ☐ 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) 147-37 Street Name CHARTER ROAD

Borough QUEENS Block 6715 Lot 02 BIN 4530559 C.B. No. 408

Work on Floor(s) 002, ATTIC Apt. / Condo No(s)

Total number of dwelling units at location 02 Number of dwelling units occupied during construction 02

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? ☐ Yes ☒ No Are you altering 10% or more of the existing floor surface area of the building?

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

Last Name RAMIREZ First Name CARLOS Middle Initial

Business Name BRICK BY BRICK CONSTRUCION

Business Address 6951 136 STREET

City FLUSHING State NY Zip 11367

*E-Mail CARLOS@BRICKBYBRICK.CO

- | | | |
|--|--------|---|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: 613 |
| ☐ 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 app. If no, describe work responsibility: |
| ☐ Sign Hanger | 4D | |
| ☐ Professional Engineer | 4C, 6 | |
| ☐ Registered Architect | 4C, 6 | |
| ☐ Homeowner | | |
| DOB approval required. | | 4E |



Mechanical equipment other than handheld devices to be used for demolition or removal of debris (BC §3306 4)

PW2

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

Last Name	RAMIREZ/ARIAS	First Name	CARLOS/KATHERINE	Middle Initial	
Business Name	BRICK BY BRICK			Business Telephone	(917) 916-9408
Business Address	555 W 42 STREET			*Business Fax	(646) 707-3786
City	NEW YORK	State	NY	Zip	10036
*E-Mail	CARLOS@BRICKBYBRICK.CO			*Mobile Telephone	
				Registration Number	4391

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

PW2

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.
- I hereby state that all construction and demolition workers employed or otherwise engaged at the site and working under this permit have received site safety training in accordance with BC 3321.

☐ Check here if the work authorized by this permit does NOT require adjacent property insurance (moved from section 13)

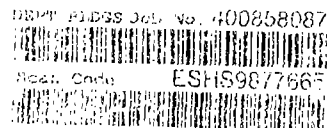
Name (print) CARLOS RAMIREZ	Notarization (required if not licensed) State of New York, County of:	Licensee Seal or Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 28 day of NOV 20	M CARMELLE JEAN FRANCOIS NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01JE6224432 Qualified in Queens County Commission Expires July 6, 2022
Date 11/28/18	Notary Signature	



PW1B: Schedule B
Plumbing, Sprinkler, Standpipe

Must be typewritten

Page 1 of 1



ESH 9877665

1 Location Information Required for all applications

House No(s) 242-25 Street Name BRADDOCK AVENUE
Borough QUEENS Block 7992 Lot 19 BIN CB No. 413
Work on Floor(s) CEL, 1, 2, R

2 Work Type Information Required for all applications. Select all that apply. Filing components/fixtures? ☒ Yes ☐ No

☒ Plumbing - PL Cost \$ 6000
Total sprinkler heads in 8B: _____
To remove violation(s): 1) _____
2) _____
☐ Sprinkler - SP Cost: \$ _____
Total sprinkler heads in 8A: _____
To remove violation(s): 1) _____
2) _____
☐ Standpipe - SD Cost \$ _____
To remove violation(s): 1) _____
2) _____

3 Drainage Information

Storm Drainage Discharges into: select one.
☐ Storm Sewer ☐ Combined Sewer ☐ Private Disposal
Sanitary Drainage Discharges into: select one.
☒ Sanitary Sewer ☐ Combined Sewer ☐ Private Disposal

4 Sewer Work Select all that apply.

☐ HCP-1/HCP-2 ☐ Site Connection ☐ Septic Tank

5 Cap / Remove / Replace / Relocate Components If this section is completed, components are required.

☒ Cap or Remove Describe all:
CAP AND SEAL EXISTING TOILET
☐ Replace or Relocate Describe all.

6 Gas and Gas Equipment Data

Gas piping involved? ☒ Yes ☐ No Describe gas fired equipment:
GRIDDLE, CANDY STOVE, FOUR BURNER STOVE, HWH, DRYER

Total Location(s), floor/apt. - list all that apply:
Meters total: 1 CELLAR
Risers total: 1 C, 1, R
Gas Usage: ☒ Heat ☒ Dryer ☒ Water Heater ☐ Tankless Coil
☒ HVAC ☒ Cooking ☐ Fire Place ☐ Boiler Pilot for Oil Burner
☐ Other:

7 Applicant's Statements and Signatures Required for all applications.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Violation is punishable by imprisonment or fine or both.

Name (please print)	
VIJAY KUMAR	
Signature	Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)	

8 Equipment Information <i>For new work only.</i>													
System (work type)	Components (Piping / Equipment / Fixture)	Floors indicate no. of proposed components and/or "X" for piping											
		CEL	MEZ	OSP	ROF	UDG	001						
8A Sprinkler (SP) <i>Must not be off domestic.</i>	P* Sprinkler Piping - Dry												
	P* Sprinkler Piping - Wet												
	E* Dry Pipe Valve												
	E* Booster Pump - SP												
	F Floor/Riser Control Valve												
	F Siamese FDC												
	F Sprinkler Heads												
	F Sprinkler Heads over 999												
8B Sprinkler (PL)**	F Sprinkler Heads (thirty or less)												
8C Fire Standpipe (SD)	P* Standpipe Piping												
	E* Fire Pump												
	E* Special Service Fire Pump												
	F Floor/Riser Control Valve												
	F Hose Cabinet/Rack/Valve												
	F Siamese FDC												
8D Water/San (PL)	P* Sanitary Piping (Soil & Venting)	1				1							
	P* Water Piping												
	P Water Service Piping	1											
	E Sewer Ejection Pump												
	E Submeters												
	F Bathtubs/Whirlpools/Hot Tub/Sauna												
	F Bidet												
	F Chiller/Cooler												
	F Dishwasher												
	F Domestic Water Tank/Pump												
	F Drinking Fountain												
	F Floor Drain	14											
	F Grease Trap/Oil Separator/GRD	1											
	F Ice Maker												
	F In-sink Garbage Disposal												
	F Lavatory (Common Wash Basin)	11											
	F Laundry - Standpipe												
	F Pool												
	F RPZ/Backflow Preventer (Primary)												
	F RPZ/Backflow Preventer (Secondary)												
	F Sink - Non Residential	7											
	F Sink - Residential												
	F Stall Shower												
	F Tankless Coil												
	F Toilet (Water Closet)	7				1							
	F Urinal	4											
	F Washing Machine	1											
	F Water Heater (Non-Gas)												
8E Storm (PL)	P* Storm Drainage Piping												
	E Sump Pump	1											
	F Area/Yard Drain			5									
	F Detention Tank												
	F Dry Well/Retention			1									
	F Roof Drain				5								
8F Gas (PL)	P* Gas Piping	1	1		1	1							
	E Emergency Shut-off Valve												
	E* Fire Suppression Shut-off Valve	1											
	E Gas Booster Pump												
	F Cooking Equipment (non-residential)	10											
	F Cooking Equipment (residential)												
	F Gas Boiler (<350K, non-comm, <6 family)	1											
	F Gas Burner												
	F Gas Dryer	1											
	F Gas Furnace	2	1		2								
	F Gas Meter	1											
	F Gas Water Heater	2											
8G Medical (PL)	P* Medical Gas Piping												
	E Assorted Medical Equipment												

** Must be off domestic.

* Indicates test may be required.