



PW2: Work Permit Application Must be typewritten.

DEPT BLDGS Job No. 421753338
Scan Code ESHS0601952

BIS Document No., required: 421753338-STR

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) 67-40	Street Name Myrtle Avenue			
Borough Queens	Block 3702	Lot 21	BIN 4090309	C.B. No. 405
Work on Floor(s) Cel, 001			Apt. / Condo No(s)	
Total number of dwelling units at location 1		Number of dwelling units occupied during construction 1		

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 MCDONALD		First Name GREGORY		Middle Initial
Business Name GTD CONSTRUCTION CORP			Business Telephone (917) 838-4823	
Business Address 160 WEST 96TH STREET 12P			*Business Fax	
City NEW YORK	State NY	Zip 10025	*Mobile Telephone	
*E-Mail gmcdonald1gtd@gmail.com			Taxpayer	
☒ General Contractor	4A, 4B	4A	Provide registration or tracking number: 610331	
☐ Fire Suppression Contractor	4C, 4D	4B	Does work require a HIC license? ☐ Yes ☒ No If yes, HIC license	
☐ 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.		4E		



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

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

Last Name	Casillas/Pena/Torres	First Name	Erica/Raysa/John	Middle Initial	
Business Name	Conversano Associates Inc			Business Telephone	(212) 791-0818
Business Address	150 Broadway, Suite 1616			*Business Fax	
City	New York	State	NY	Zip	10038
*E-Mail	mike@cainyc.com			*Mobile Telephone	
				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	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	

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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)

GREGORY MCDONALD

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

31st day of August

2020

JERISHAMIR TORRES
NOTARY PUBLIC-STATE OF NEW YORK
No. 01T06378938
Qualified in Bronx County

Date

8/31/2020

Notary Signature

My Commission Expires 08-06-2022