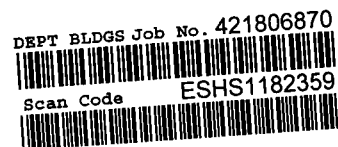




# PW2: Work Permit Application

Must be typewritten.



BIS Document No. required:

## 1 REASON FOR FILING (required for all applications)

- ☒ Initial Permit (complete all sections) Expected work start date: \_\_\_\_\_
- ☐ No Work Permit

- ☐ Renewal Permit with changes (complete all sections)
- ☐ Renewal Permit without changes 1, 3, 4, 7 - 12

## 2 LOCATION INFORMATION (required for all applications)

House No(s) 25-14 Street Name 21st Avenue

Borough Queens Block 888 Lot 46 BIN 4020009 CB No. 401

Work on Floor(s) Entire Apt./Condo No(s) N/A

Total number of dwelling units at location 1 Number of dwelling units occupied during construction 0

## 3 TYPE OF PERMIT (choose one and complete any appropriate sub-choices or other information)

- |                                                               |                                                            |                                          |                                       |
|---------------------------------------------------------------|------------------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alteration                           | <input type="checkbox"/> Curb Cut                          | <input type="checkbox"/> Fuel Burning    | <input type="checkbox"/> Plumbing 3C  |
| <input type="checkbox"/> Filed as NB (28-101.4-5)             | <input checked="" type="checkbox"/> Demolition and Removal | <input type="checkbox"/> Gas             | <input type="checkbox"/> Sign         |
| <input type="checkbox"/> Boiler                               | <input type="checkbox"/> Fire Alarm                        | <input type="checkbox"/> Oil             | <input type="checkbox"/> Sprinkler 3C |
| <input type="checkbox"/> Construction Equipment               | <input type="checkbox"/> Fire Suppression System           | <input type="checkbox"/> Fuel Storage    | <input type="checkbox"/> Standpipe 3C |
| <input type="checkbox"/> Chute <input type="checkbox"/> Fence | <input type="checkbox"/> Foundation/Earthwork              | <input type="checkbox"/> Mechanical/HVAC |                                       |
| <input type="checkbox"/> Sidewalk Shed 3A                     | Area of site (sq. ft): _____                               | <input type="checkbox"/> New Building 3B |                                       |
| <input type="checkbox"/> Supported Scaffold                   |                                                            |                                          |                                       |
| <input type="checkbox"/> Other: _____                         | <input type="checkbox"/> Earthwork Only                    |                                          |                                       |

3A Electrical Application No.: \_\_\_\_\_  
(for shed lighting)

3B Related Fence Job No.  
Q08036868

3C Secondary Permit Description:  
(if applies)

- |                                                                        |                                                                                                           |                                                                     |                                                                                                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3D <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are you adding more than three stories?                                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are you removing one or more stories? If Yes, 8                                                                                                                   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Are you performing work in 50% or more of the area of the building?                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are you demolishing 50% or more of the area of the building? If Yes, 8                                                                                            |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Does your approved work include concrete? If Yes, is your concrete work completed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No complete section 9 |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    | Are mechanical means to be used?                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Andreou First Name Stelios Middle Initial \_\_\_\_\_

Business Name Joanne's Construction Co Business Telephone (718) 445-6544

Business Address 149-15 22nd Avenue \*Business Fax \_\_\_\_\_

City Whitestone State NY Zip 11357 \*Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_ Taxpayer ID 20-1817286

- |                                                        |        |
|--------------------------------------------------------|--------|
| <input checked="" type="checkbox"/> General Contractor | 4A, 4B |
| <input type="checkbox"/> Fire Suppression Contractor   | 4C, 4D |
| <input type="checkbox"/> Master Plumber                | 4C, 4D |
| <input type="checkbox"/> Oil Burner Installer          | 4C, 4D |
| <input type="checkbox"/> Sign Hanger                   | 4D     |
| <input type="checkbox"/> Professional Engineer         | 4C, 6  |
| <input type="checkbox"/> Registered Architect          | 4C, 6  |
| <input type="checkbox"/> Homeowner                     |        |
- (DOB approval required)

4A Provide registration or tracking number: 032409

4B Does work require a HIC license? ☐ Yes ☒ No If Yes, HIC License No.: \_\_\_\_\_

4C License No.: \_\_\_\_\_

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

If No, describe work responsibility: \_\_\_\_\_

4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content: \_\_\_\_\_

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



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