



PW2: Work Permit Application

Must be typewritten.

Obtain and affix BSS job number label here ☒

BSS Document No. required:

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) 30-19 Street Name 122ND STREET

Borough QUEENS Block 4350 Lot 1 BIN 4570021 CB No 407

Work on Floor(s) 001 Apt./Condo No(s) _____

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

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

- | | | | | |
|---|--|---|---------------------------------------|--|
| ☐ Alteration | ☐ Curb Cut | ☐ Fuel Burning | ☐ Plumbing 3C | 3A. Electrical Application No.: _____ (for electrical signs) |
| ☐ Flooded NB (28-101.4-6) | ☐ 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 | |
| ☐ Chute ☐ Fence | ☐ Foundation/Earthwork | ☒ Mechanical/HVAC | | 3C. Secondary Permit Description: _____ (if applicable) |
| ☐ 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, B
- ☐ 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, A
- ☐ 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 MARINAKIS First Name EFSTATHIA Middle Initial _____

Business Name VOLMAR CONSTRUCTION INC. Business Telephone (718) 832-2444

Business Address 4400 SECOND AVENUE *Business Fax _____

City BROOKLYN State NY Zip 11232 *Mobile Telephone _____

Email _____ Taxpayer ID 11-2932630

☒ General Contractor 4A, 4B 4A. Provide registration or tracking number: 002727

☐ Fire Suppression Contractor 4C, 4D 4B. Does work require a HIC license? ☐ Yes ☒ No If Yes, HIC License No.: _____

☐ Master Plumber 4C, 4D 4C. License No.: _____

☐ 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, E _____

☐ Registered Architect 4C, E _____

☐ Homeowner (DOB approval required) 4E _____



FC-PW2 V3-03

Mechanics equipment other than hand-held devices to be used for demolition or removal of jobs (3C 3D)

11/03

5 FILING REPRESENTATIVE (complete if different from applicant specified in Section 2) *Indicates optional

Last Name HERNANDEZWASHINGTON First Name MERCEDES Middle Initial KERSANDR
 Business Name S & M EXPEDITING INC Business Telephone (718) 833-2333
 Business Address 9054 FT HAMILTON PKWY *Business Fax _____
 City BROOKLYN State NY Zip 11209 *Mobile Telephone _____
 *Email INFO@SANDMEXPEDITING.COM Registration Number 003312

6 INSURANCE (P&RA ONLY) *Indicates required for all permits

☐ Liability Insurance (NR permits only) ☐ Workers' Compensation Insurance* ☐ Disability Insurance*

7 CONSTRUCTION SUPERINTENDENT, SITE SAFETY COORDINATOR, SITE SAFETY MANAGER (required if applicable)

I, the applicant/contractor, hereby declare the scope of work filed under this permit application requires: (choose one - *Indicates optional)

☐ Construction Superintendent ☐ Site Safety Coordinator ☐ Site Safety Manager
 Last Name _____ First Name _____ Middle Initial _____
 Business Name _____ Telephone _____
 Address _____ *Fax _____
 City _____ State _____ Zip _____ *Mobile Telephone _____
 *Email _____ 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

Is the applicant/contractor named in Section 4 performing the demolition work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name _____ First Name _____ Middle Initial _____
 Business Name _____ Telephone _____
 Address _____ *Fax _____
 City _____ State _____ Zip _____ *Mobile Telephone _____
 *Email _____ 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 (Please print complete on separate sheet(s))

9A ☐ Yes ☐ No Are you requesting to exclude concrete work at this time from this permit? If No, 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

Is the applicant/contractor named in Section 4 performing the concrete work for this permit? ☐ Yes ☐ No If No, complete this section.

Last Name First Name Middle Initial
Business Name Telephone
Address *Fax
City State Zip *Mobile Telephone
*Email 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
Date City of 20 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
*Email 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
Date City of 20 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 timely advised the individual named 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 affirmatively amended.
- In accordance with §18-104.6 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 101-15, I will post the permit in a conspicuous and visible location.
- I hereby state that all excavation and demolition workers employed or otherwise engaged at the site and working under this permit have received site safety training in accordance with DO 1021.
- In accordance with §18-120.3 of the Administrative Code, I certify that, if applicable, any tenant protection plan submitted for this work complies with the scope of work intended.
- I understand that, pursuant to §28-120.1 of the Administrative Code, if applicable, the registered design professional who prepares the tenant protection plan must be retained by the general contractor performing the work.

☐ Check here if the work authorized by this permit also NOT require adjacent property insurance. (removed from Section 13)

Name (print) Notarization (required if not licensed) Notary Seal
EFSTATHIA MARINAKIS State of New York, County of Kings VICKY BARDABELLAS
Signature Sworn to or affirmed under penalty of perjury Notary Public, State of New York
Date 5/26/21 Notary Signature No. 018A5141025
Qualified in Kings County
Commission Expires 4/30/2026