



PW2: Work Permit Application

Must be typewritten.

☒ Orient and affix BIS
job number label here ☒

BIS Document No., required:

1 Reason For Filing *Required for all applications.*

- ☒ Initial Permit *Complete all sections.* Expected work start date: asap ☐ 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) 89-54 Street Name 215 STREET

Borough QUEENS

Block 10657

Lot 123

BIN 4227894

C.B. No. 413

Work on Floor(s) CEL,001

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: |
| ☐ Boiler | ☐ Demolition and Removal | ☐ Gas | ☐ Sign | |
| ☐ Construction Equipment | ☐ Fire Alarm | ☐ Oil | ☐ Sprinkler 3C | 3B Related fence job no. |
| ☐ Chute | ☐ Fire Suppression System | ☐ Fuel Storage | ☐ Standpipe 3C | 3C Secondary permit description (if applies): |
| ☐ 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 MARIAPPAN

First Name RAMANI

Middle Initial

Business Name ROYAL BUILDERS GROUP INC

Business Telephone 718-844-0862

Business Address 80-10 CROSS ISLAND PARKWAY

*Business Fax

City BELLEROSSE

State NY

Zip 11426

*Mobile Telephone 718-844-0862

*E-Mail WEBTRACKING@ROYALEXPEDITING.COM

Taxpayer ID 90-0942979

- | | | | |
|--|--------|----|---|
| ☒ General Contractor | 4A, 4B | 4A | Provide registration or tracking number: <u>610541</u> |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B | Does work require a HIC license? ☐ Yes ☒ No <i>If yes, HIC license number:</i> |
| ☐ 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 | | <i>If no, describe work responsibility:</i> |
| ☐ Professional Engineer | 4C, 6 | | |
| ☐ Registered Architect | 4C, 6 | | |
| ☐ Homeowner* | | | |

*DOB approval required.

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



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

Last Name	KULA/MARIA	First Name	SRI/RAM	Middle Initial	
Business Name	ROYAL ENGINEERING P.C			Business Telephone	718-844-0862
Business Address	146-02 HILLSIDE AVENUE - 2ND FL			*Business Fax	718-228-5663
City	JAMAICA	State	NY	Zip	11435
*E-Mail	webtracking@royalexpediting.com			*Mobile Telephone	718-844-0862
				Registration Number	003275

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	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	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 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 §28-104.3 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) RAMANI MARIAPPAN	Notarization (required if not licensee) State of New York, County of: <u>Queens</u>	Licensee Seal or Notary Seal
Signature <u>R. Mariappan</u>	Sworn to or affirmed under penalty of perjury <u>23</u> day of <u>October</u> 20 <u>13</u>	
Date <u>10/23/13</u>	Notary Signature <u>Loni Marie Ferguson</u>	

LONI MARIE FERGUSON
Notary Public, State of New York
No. 01FE6268199
Qualified in Queens County
Commission Expires September 04, 2016