



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) 144-21

Street Name CHARTER ROAD

Borough QUEENS

Block 6715

Lot 02

BIN 4530573

C.B. No. 408

Work on Floor(s) OSP

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: A352235
- ☐ Filed as NB (28-101.4-5) ☐ Demolition and Removal ☐ Gas ☐ Sign 3C 3B Related fence job no.
- ☐ Boiler ☐ Fire Alarm ☐ Oil ☐ Sprinkler 3C 3C Secondary permit description (if applies):
- ☒ Construction Equipment ☐ Fire Suppression System ☐ Fuel Storage ☐ Standpipe 3C
- ☐ 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?

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

Last Name IKSINO

First Name ANDON

Middle Initial

Business Name XINOS CONSTRUCTION CORP.

Business Telephone (718) 358-4272

Business Address 110-32A 15 AVENUE

*Business Fax (718) 358-4301

City COLLEGE POINT

State NY

Zip 11356

*Mobile Telephone

*E-Mail tony@xinosconstructioncorp.com

Taxpayer

- ☒ General Contractor 4A, 4B 4A Provide registration or tracking number: 8573
- ☐ 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.



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	KLIMEK/GOMEZ	First Name	GRACE/JULIAN	Middle Initial	/A
Business Name	XINOS CONSTRUCTION CORP.			Business Telephone	(718) 358-4272
Business Address	110-32A 15 AVENUE			*Business Fax	(718) 358-4301
City	COLLEGE POINT	State	NY	Zip	11356
*E-Mail	grace@xinosconstructioncorp.com			*Mobile Telephone	(718) 380-4395
				Registration Number	2973/3493

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	

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	*Mobile Telephone	
*E-Mail	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	*Mobile Telephone	
*E-Mail	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.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.

Name (print) ANDON IKSINO	Notarization (required if not licensee) State of New York, County of: Queens	Licensee Seal or Notary Seal EWELINA KLIMEK Notary Public - State of New York No. 01KL6291496 Qualified in Queens County My Commission Expires October 15, 2017
Signature	Sworn to or affirmed under penalty of perjury 12 th day of July 2016	
Date 07-12-2016	Notary Signature	