



PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 440635350



Scan Code ESHS2602788

BIS Document No. required:

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

LOCATION INFORMATION (required for all applications)

House No(s) 86-20 Street Name 116th Street
Borough Queens Block 9229 Lot 14 BIN 4192720 CB No. 409
Work on Floor(s) CEL, 001,002,003,004,ROF Apt./Condo No(s)
Total number of dwelling units at location 36 Number of dwelling units occupied during construction 0

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 | |
| ☐ Chute ☐ Fence | ☐ Foundation/Earthwork | ☐ Mechanical/HVAC | | 3C Secondary Permit Description:
(if applies) |
| ☐ Sidewalk Shed 3A | Area of site (sq. ft): | ☐ New Building 3B | | |
| ☐ Supported Scaffold | | | | |
| ☐ Other: _____ | ☐ Earthwork Only | | | |

- | | |
|---|--|
| ☐ 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 BLUMER First Name PINCHUS
Business Name MABE GROUP INC
Business Address 183 WILSON STREET SUITE 253
City BROOKLYN State NY Zip 11211 *Mo
Email Taxpayer ID

- | | |
|---|--|
| ☒ General Contractor 4A, 4B | 4A Provide registration or tracking number: 622379 |
| ☐ 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, 6 | |
| ☐ Registered Architect 4C, 6 | |
| ☐ Homeowner (DOB approval required) | 4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content: <u>Civil Penalty</u> |



FC-PW2.V3-03

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

Rev. 11/22

4. PERMITTING REPRESENTATIVE (complete if different from applicant specified in Section 3) * indicates optional

Last Name Seidenfeld First Name Moses Middle Initial _____
 Business Name Avalon Expediting Business Telephone (718) 236-8600
 Business Address 2023 60th Street *Business Fax _____
 City Brooklyn State NY Zip 11204 *Mobile Telephone _____
 *Email ruchy@avalonexpediting.com Registration Number 004071

6. INSURANCE (PE/RA 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)

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 Khaimov First Name Jonathan Middle Initial _____
 Business Name Ace Superintends Telephone 917-945-8734
 Address 83-80 118th Stree #4 A *Fax _____
 City Kew Gardens State NY Zip 11415 *Mobile Telephone _____
 *Email ACESUPERINTENDENTS@gmail.com Registration Number 027839

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) <u>Jonathan Khaimov</u>	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	

CONCRETE INFORMATION

Are you requesting to exclude concrete work at this time from this permit? If No, OR

☐ Yes ☒ No

OR ☐ Yes ☒ No

Does your approved work include 2,000 cubic yards or more of concrete? If Yes, 10 and 11

CONCRETE SUBCONTRACTOR

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

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

Notarization
State of New York, County of
Sworn to or affirmed under penalty of perjury
day of 20
Notary Signature Notary Seal

CONCRETE SAFETY MANAGER

Last Name First Name Middle Initial
Business Name Telephone
Address *Fax
City State Zip *Mobile Telephone
*Email Registration Number

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

Notarization
State of New York, County of
Sworn to or affirmed under penalty of perjury
day of 20
Notary Signature Notary Seal

APPLICANT/CONTRACTOR STATEMENTS AND SIGNATURES

I, the undersigned, hereby certify that 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 it is 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 fined, imprisoned, 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 §28-104.6 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 101-16, I will post the permit in a conspicuous and visible location.
- I 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.
- In accordance with §28-120.3 of the Administrative Code, I certify that, if applicable, any tenant protection plan submitted for this work coordinates with the scope 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.

Name (print) Blumer
Notarization (required if not license)
State of New York, County of
Sworn to or affirmed under penalty of perjury
15 day of SEPTEMBER 20 23
Notary Signature

Notary Seal
PADRAM FEJAL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01FE6305764
Qualified in Kings County
Commission Expires 06/09/2026