DEPT OF BLDGS 440699629 Job Number

ES633991512 Scan Code

NYC Buildings

PW2: Work Permit Application

Must be typewritten.

Orient and affix BIS job number label here

BIS Document No. *required:* 01

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) 48-52 Street Name 58 PLACE

Borough QUEENS Block 2341 Lot 31 BIN 4054151 CB No. 402

Work on Floor(s) ROF Apt./Condo No(s)

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

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

☒ Alteration
☐ Filed as NB (28-101.4-5)
☐ Boiler
☐ Construction Equipment
☐ Chute ☐ Fence
☐ Sidewalk Shed *3A*
☐ Supported Scaffold
☐ Other: _____

☐ Curb Cut
☐ Demolition and Removal
☐ Fire Alarm
☐ Fire Suppression System
☐ Foundation/Earthwork
Area of site (sq. ft): _____
☐ Earthwork Only

☐ Fuel Burning
☐ Gas
☐ Oil
☐ Fuel Storage
☐ Mechanical/HVAC
☐ New Building *3B*

☐ Plumbing *3C*
☐ Sign
☐ Sprinkler *3C*
☐ Standpipe *3C*

3A Electrical Application No.: *(for shed lighting)* _____

3B Related Fence Job No. _____

3C Secondary Permit Description: *(if applies)* _____

3D ☐ Yes ☒ No Are you adding more than three stories?

☐ Yes ☒ No Are you performing work in 50% or more of the area of the building?

☐ Yes ☒ No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building?

☐ Yes ☒ No Are mechanical means to be used?

☐ Yes ☒ No Are you removing one or more stories? *If Yes, 8*

☐ Yes ☒ No Are you demolishing 50% or more of the area of the building? *If Yes, 8*

☐ Yes ☒ No Does your approved work include concrete? If *Yes*, is your concrete work completed? ☐ Yes ☒ No *complete section 9*

☐ 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 JOYCE First Name PAUL Middle Initial

Business Name SUNRUN INSTALLATION SVC Business Telep[redacted]

Business Address 775 FIERO LANE SUITE 200 *Business Fax

City SAN LUIS OBISPO State CA Zip 93401 *Mobile Telephon[redacted]

Email PAUL.JOYCE@SUNRUN.COM Taxpayer ID [redacted]

☒ General Contractor *4A, 4B*
☐ Fire Suppression Contractor *4C,4D*
☐ Master Plumber *4C,4D*
☐ Oil Burner Installer *4C,4D*
☐ Sign Hanger *4D*
☐ Professional Engineer *4C, 6*
☐ Registered Architect *4C, 6*
☐ Homeowner *(DOB approval required)*

4A *Provide registration or tracking number:* 613329

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

4C License No.: 2015496

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

If *No*, describe work responsibility: _____

4E _____

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 MCLEOD First Name SEAIRRA Middle Initial M

Business Name SUNRUN INSTALLATION SERVICES Business Telephone 909-441-0503

Business Address 26 WORLDS FAIR DRIVE, SUITE K *Business Fax

City SOMERSET State NJ Zip 08873 *Mobile Telephone 909-441-0503

*Email SEAIRRA.MCLEOD@SUNRUN.COM Registration Number 7369

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)*

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 JOYCE First Name PAUL Middle Initial

Business Name SUNRUN INSTALLATION SVC Telephone 848-702-8176

Address 26 WORLDS FAIR DRIVE, SUITE K *Fax

City SOMERSET State NJ Zip 08873 *Mobile Telephone 848-702-8176

*Email PAUL.JOYCE@SUNRUN.COM Registration Number 613329

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 *(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*

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 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

*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 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.
- I hereby 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 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 does NOT require adjacent property insurance. (moved from Section 13)*

Name *(print)* PAUL JOYCE	Notarization *(required if not license)* State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date 3/8/22	Notary Signature	

STATE OF NEW JERSEY NOTARY PUBLIC
ROSA I. CONCEPCION
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 50018019
MY COMMISSION EXPIRES 6/24/2025