

**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: \_\_\_\_\_ ☐ 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) **58-13** Street Name **183 Street**Borough **Queens**Block **7067**Lot **20**BIN **4543163**CB No. **411**Work on Floor(s) **ROOF**

Apt./Condo No(s)

Total number of dwelling units at location **2**Number of dwelling units occupied during construction **2****3 TYPE OF PERMIT** *(choose one and complete any appropriate sub-choices or other information)*

- |                                                               |                                                  |                                          |                                       |                                                              |
|---------------------------------------------------------------|--------------------------------------------------|------------------------------------------|---------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Alteration                | <input type="checkbox"/> Curb Cut                | <input type="checkbox"/> Fuel Burning    | <input type="checkbox"/> Plumbing 3C  | 3A Electrical Application No.:<br><i>(for shed lighting)</i> |
| <input type="checkbox"/> Filed as NB (28-101.4-5)             | <input type="checkbox"/> Demolition and Removal  | <input type="checkbox"/> Gas             | <input type="checkbox"/> Sign         |                                                              |
| <input type="checkbox"/> Boiler                               | <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Oil             | <input type="checkbox"/> Sprinkler 3C | 3B Related Fence Job No.                                     |
| <input type="checkbox"/> Construction Equipment               | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage    | <input type="checkbox"/> Standpipe 3C |                                                              |
| <input type="checkbox"/> Chute <input type="checkbox"/> Fence | <input type="checkbox"/> Foundation/Earthwork    | <input type="checkbox"/> Mechanical/HVAC |                                       | 3C Secondary Permit Description:<br><i>(if applies)</i>      |
| <input type="checkbox"/> Sidewalk Shed 3A                     | Area of site (sq. ft):                           | <input type="checkbox"/> New Building 3B |                                       |                                                              |
| <input type="checkbox"/> Supported Scaffold                   |                                                  |                                          |                                       |                                                              |
| <input type="checkbox"/> Other: _____                         | <input type="checkbox"/> 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? ☐ 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 **Catizone**First Name **Michael**

Middle Initial

Business Name **Long Island Power Solutions**

Business Telephone

Business Address **2060 Ocean Avenue**

\*Business Fax

City **Ronkonkoma**State **NY**Zip **11779**

\*Mobile Telephone

Email

Taxpayer ID **27-1116107**

- |                                                                      |        |                                                                                                                                  |
|----------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> General Contractor               | 4A, 4B | 4A Provide registration or tracking number: <b>618592</b>                                                                        |
| <input type="checkbox"/> Fire Suppression Contractor                 | 4C, 4D | 4B Does work require a HIC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, HIC License No.: |
| <input type="checkbox"/> Master Plumber                              | 4C, 4D | 4C License No.:                                                                                                                  |
| <input type="checkbox"/> Oil Burner Installer                        | 4C, 4D | 4D Is applicant responsible for all work on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| <input type="checkbox"/> Sign Hanger                                 | 4D     | If No, describe work responsibility:                                                                                             |
| <input type="checkbox"/> Professional Engineer                       | 4C, 6  |                                                                                                                                  |
| <input type="checkbox"/> Registered Architect                        | 4C, 6  |                                                                                                                                  |
| <input type="checkbox"/> Homeowner<br><i>(DOB approval required)</i> | 4E     |                                                                                                                                  |




**5 FILING REPRESENTATIVE** (complete if different from applicant specified in Section 3) \* indicates optional

|                  |                           |            |                 |                     |                                |
|------------------|---------------------------|------------|-----------------|---------------------|--------------------------------|
| Last Name        | <u>Lawrence</u>           | First Name | <u>Fayeann</u>  | Middle Initial      |                                |
| Business Name    | <u>Sologistics</u>        |            |                 | Business Telephone  | <u>(212) 220-4075 ext. 710</u> |
| Business Address | <u>31E Knights Bridge</u> |            |                 | *Business Fax       |                                |
| City             | <u>Guilderland</u>        | State      | <u>New York</u> | Zip                 | <u>12084</u>                   |
| *Email           | <u>DOB@SOLOGISTICS.US</u> |            |                 | Registration Number | <u>5429</u>                    |

**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     | 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<br>State of New York, County of:                  | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br><br>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<br>State of New York, County of:                  | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br><br>day of 20 |             |
| Date         | Notary Signature                                               |             |
|              |                                                                |             |



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**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                 |
| *Email        | *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<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>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                 |
| *Email        | *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<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to or affirmed under penalty of perjury<br>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) | Notarization (required if not license)<br>State of New York, County of:   | Notary Seal                                                                                                                                                 |
| Signature    | Sworn to or affirmed under penalty of perjury<br>1st day of December 2021 | CYNTHIA J ZIMBARDI<br>NOTARY PUBLIC, STATE OF NEW YORK<br>Registration No. 01Z16128779<br>Qualified in Suffolk County<br>Commission Expires October 9, 2025 |
| Date         | Notary Signature                                                          |                                                                                                                                                             |