



DEPT OF BLDGS 440783742

Job Number



ES500415820

Scan Code

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: 2 WEEKS ☐ 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) 93-21 Street Name 86 ROADBorough QUEENS Block 8882 Lot 24 BIN 4182418 CB No. 409Work on Floor(s) ROOF Apt./Condo No(s) N/ATotal 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)*

- | | | | | |
|---|--|--|---------------------------------------|--|
| ☒ Alteration | ☐ Curb Cut | ☐ Fuel Burning | ☐ Plumbing 3C | 3A Electrical Application No.:
<i>(for shed lighting)</i> |
| ☐ 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:
<i>(if applies)</i> |
| ☐ 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? ☐ 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 ROJASFirst Name ALBERT

Middle Initial _____

Business Name CENTURION SOLAR ENERGY

Business Telephone _____

Business Address 4-74 AVENUE, SUITE 36D

*Business Fax _____

City LONG ISLAND CITY State NJ Zip 11109

*Mobile Telephone _____

Email PVdesigns@unisolar.usTaxpayer ID 40-1172255

- | | | |
|--|--------|---|
| ☒ General Contractor | 4A, 4B | 4A Provide registration or tracking number: <u>615482</u> |
| ☐ Fire Suppression Contractor | 4C, 4D | 4B Does work require a HIC license? ☒ Yes ☐ No If Yes, HIC License No.: <u>2031611-DCA</u> |
| ☐ 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
<i>(DOB approval required)</i> | | 4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content: _____ |



DEPT. BLDGS

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

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

Last Name	EVANS	First Name	AYNEE-NACORA	Middle Initial	
Business Name	NACORA CONSULTING			Business Telephone	(929) 352-9939
Business Address	2238 KATHERINA KIKER ROAD			*Business Fax	
City	CHARLOTE	State	NC	Zip	28213
				*Mobile Telephone	(929) 352-9939
*Email	NacoraConsulting@gmail.com			Registration Number	6641

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 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
*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 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
*Email	*Mobile Telephone	
Registration Number		

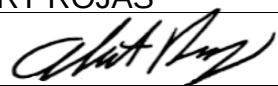
I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Concrete Safety Manager (identified above) as set

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.
- I hereby state that if the work involves disturbance of lead-based paint or paint of unknown lead content, the work complies with §27-2056.11 of the Administrative Code and, where applicable, subpart E or subpart L of part 745 of title 40 of the Code of Federal Regulations and, where applicable, the firm performing the work has filed or will file with the NYC Department of Health and Mental Hygiene a notice of commencement required by §27-2056.11(a)(2).

Name (print) ALBERT ROJAS	Notarization (required if not license) State of New York, County of: QUEENS	Notary Seal
Signature 	Sworn to or affirmed under penalty of perjury 10 day of 05 20 23	Kemar A. Johnson Notary Public, State of New York NO. 01J06351834 Qualified in Queens County Commission Expires Dec. 12 2024
Date 05/10/2023	Notary Signature 