



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten
Complete and return both sides of this form as indicated

DEPT. BLDGS 510011648 Job Number
SC080103003 Scan Code
Document Number: 01
MANDATORY

1 Reason for Filing ☒ Initial Permit (complete all sections) Expected Job Start Date: _____
☐ Renewal with change (complete all sections including notarizing and signing section 9)
☐ Renewal with no change (complete sections 6, 7 & 8 only)

5P1008392

2 Location
Borough STATEN ISLAND Block 6249 Lot(s) 644 BIN 5862589
House No(s). 35 Street Name Tenafly Pl.

3 Applicant/Contractor
Last Name SARDANELLI First Name THOMAS M.I. Tax-payer ID: 25-1511214
Business Name QUALITY PLUMBING, INC. Business Phone (718) 442-8900 E-Mail Address QUALITYPLUMBINC@YAHOO.COM
Address 40 LASALLE STREET City STATEN ISLAND State NY ZIP 10303

4 Filing Representative Complete if different from applicant listed in section 3.
Last Name SAME AS ABOVE First Name M.I. Registration No.
Business Name Business Phone () E-Mail Address
Address City State ZIP

5 Insurance (P.E. / R.A. only) Check off all required items and submit with this permit application
Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law:
☐ Workman's Compensation Insurance (for all permits) ☐ Liability Insurance (for NB permits) ☐ Street Obstruction Bond Insurance (for EQ permits)
☐ Disability Insurance (for all permits)

For renewal with no change, complete only sections (6, 7 & 8) below

6 Applicant Information
Please check which one of the following applies to the applicant for this permit (select one only)
☒ Licensee (Provide number and check off type): ☐ OBI ☐ Sign Hanger Lic. No.: 1039
☒ Does the Work Permit applied for require a H.I.C. license? ☐ Provide H.I.C. # here if yes: _____
☐ General Contractor, Provide Tracking No. (mandatory)
☐ Demolition Contractor
☐ Home Owner (waiver of insurance from New York State Workman's Compensation Board required and Borough Commissioner's approval.)
If MP, FSC, or OBI applicant, are you responsible for all work on this permit? ☐ Yes ☒ No If not, please describe type of work below:
NO, exterior STORM PIPING, ONLY

7 Type of Permit ☐ No Work Permit
For a new building (NB) permit, provide related fence application number (9 digits): _____
☐ New Building ☐ Alteration ☐ Sign ☐ Boiler ☐ Standpipe
☐ Demolition & Removal ☒ Plumbing ☐ PA ☐ Fuel Burning: ☐ Oil ☐ Gas ☐ Fire Alarm
☐ Foundation/Earthwork ☐ Curb Cut ☐ Fuel Storage ☐ Fire Suppression System
☐ Earthwork Only ☐ Construction Equipment ☐ Sprinkler ☐ Mechanical/HVAC
For Foundation/Earthwork Permits, provide area of site: _____ sq. ft.
If this is a secondary plumbing, sprinkler, of standpipe permit, provide the secondary permit description here: _____

8 Statements & Signatures —must be completed by all applicants (for renewals with no change, check off (x) box below)
I hereby state that the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor under §26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. It is a crime to offer or 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. A conviction of offering of a bribe or gratuity is punishable by imprisonment, fine or both.
☐ I hereby state that this renewal application with no change to Applicant, Filing Representative, Superintendent of Construction, Site Safety Manager, or Insurance is for the work as originally filed or as officially amended.
Applicant Name (Please print) THOMAS SARDANELLI Title LMP
Signature *Thomas Sardanelli* Date 1/3/08
Seal (if applicable)

REMINDER: We urge you to renew your permit on time and avoid any penalties. Submit your renewal at least 2 weeks prior to permit expiration date.



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Job Number - MANDATORY
(Affix Label or type in number)

Document Number: **01**
MANDATORY

9a Superintendent of Construction Please complete if superintendent of construction is different than the applicant in section 3

Last Name SARDANELLI	First Name THOMAS	M.I.
Business Name QUALITY PLUMBING, INC.	Business Phone (718) 442-8900	E-Mail Address QUALITYPLUMBINC@YAHOO.COM
Address 40 LASALLE STREET	City STATEN ISLAND	State NY ZIP 10303
Check one ☐ RF ☐ RA ☒ MC ☐ FSC ☐ OBI ☐ Sign Hanger ☐ General Contractor ☐ HIC ☐ Demo Contractor ☐ Home Owner		
Taxpayer [REDACTED]	No. 1039	

9b Superintendent of Construction Statement (required)

I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job and any renewal permits as long as such renewals certify no change to Superintendent of Construction.

Seal (if applicable)	Name (please print) THOMAS SARDANELLI	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed) State of New York, County of Sworn to or affirmed under penalty of perjury day of 20 Notary Signature Notary Seal	
	Signature 		
	Date 1/3/08		
	The applicant's signing and notarization must take place on the same date		

10 Site Safety Manager Please complete if building is 15 stories or more, taller than 200ft, or has a lot coverage of more than 100K square ft.

Last Name	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Certificate No.:		

10a Contractor's Statement for Site Safety Plan

I have advised the individual named above that they have been designated as the Site Safety Manager.

I hereby state that the individual designated to be Site Safety Manager is an employee of the Contractor and possesses a valid Site Safety Manager Certificate. The individual designated by me shall function as Site Safety Manager for all construction work and any required permit renewals as long as such renewals certify no change to Site Safety Manager to be performed at the location referenced on page one, block two (2) of this application which is covered by the Department of Buildings regulations for Site Safety Programs.

I agree to either substitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager or agree to have a proceeding commenced against it as a condition for the Corporation Counsel of the City

of New York to withdraw the proceeding against the said Site Safety Manager.

I agree to waive the objections and defense that he is not the proper party-defendant in any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with their duties as set forth in the Department of Buildings regulations for Site Safety Managers.

I acknowledge, certify, and accept all of the above.

Contractor Name	
Title	
Signature	Date

10b Site Safety Manager Statement

I, as Site Safety Manager, will perform, on behalf of the Contractor, all of the functions required of a Site Safety Manager as set forth in the Department of Buildings rules and regulations.

I acknowledge, certify, and accept all of the above.

Name	
Title	
Signature	Date

Notarization for Site Safety Manager

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