



Work Permit Application

DEPT. BLDGS 510014636 Job Number
SC070620033 Scan Code
MANDATORY 1

Please File 2 Copies
Application Must Be Typewritten

Complete and return both sides of this form as indicated

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)

2 Location

Borough Staten Island

Block 3191

Lot(s) 124

BIN

House No(s). 55

Street Name Wilson Street

3 Applicant/Contractor

Last Name Christoffersen

First Name Alan

M.I.

Tax-

Business Name Reliable Contracting, LLC

Business Phone (718) 815-5992

E-Mail Address

Address 182 Belair Road

City Staten Island

State NY

ZIP 10305

4 Filing Representative

Complete if different from applicant listed in section 3.

Last Name Cataldo

First Name Laura

M.I.

Registration No. C61863

Business Name Ryan & Vaccaro Architects

Business Phone (718) 981-4140

E-Mail Address

Address 370 St. Marks Place

City Staten Island

State NY

ZIP 10301

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): ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger Lic. No.: _____
☒ Does the Work Permit applied for require a H.I.C. # (Provide H.I.C. # here if yes): 1004689
☒ General Contractor, Provide Tracking No. (ma) _____
☐ 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:

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.

Seal (if applicable)

Applicant Name (Please print) Alan Christoffersen

Title

Signature

Date

10/17/07

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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Complete and return both sides of this form as indicated

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	First Name	M.I.
Business Name	Business Phone ()	E-Mail Address
Address	City	State ZIP
Check one: ☐ P.E. ☐ R.A. ☐ MP ☐ FSC ☐ OBI ☐ Sign Hanger ☐ General Contractor ☐ HIC ☐ Demo Contractor ☐ Home Owner		
Taxpayer ID No.		

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.																	
<table border="1"><tr><td>Name (please print)</td><td>Alan Christoffersen</td></tr><tr><td>Signature</td><td></td></tr><tr><td>Date</td><td>10/17/07</td></tr></table>	Name (please print)	Alan Christoffersen	Signature		Date	10/17/07	<table border="1"><tr><td colspan="2">Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed)</td></tr><tr><td colspan="2">State of New York, County of <u>Richmond</u></td></tr><tr><td colspan="2">Sworn to or affirmed under penalty of perjury <u>17th</u> day of <u>Oct</u> 20 <u>07</u></td></tr><tr><td>Notary Signature</td><td></td></tr><tr><td colspan="2">Notary Seal Notary Public, State of New York No. 01RY6008676 Qualified in Richmond County Commission Expires 6/15/2010</td></tr></table>	Notarization for Superintendent of Construction (required if Superintendent of Construction is not licensed)		State of New York, County of <u>Richmond</u>		Sworn to or affirmed under penalty of perjury <u>17th</u> day of <u>Oct</u> 20 <u>07</u>		Notary Signature		Notary Seal Notary Public, State of New York No. 01RY6008676 Qualified in Richmond County Commission Expires 6/15/2010	
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Seal (if applicable)																	
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.							
<table border="1"><tr><td colspan="2">Contractor Name</td></tr><tr><td colspan="2">Title</td></tr><tr><td>Signature</td><td>Date</td></tr></table>		Contractor Name		Title		Signature	Date
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.							
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Notary Seal							