



# PW2: Work Permit Application

Must be typewritten.



BIS Document No., required:

## 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) 19 Street Name Esther Depew Street

Borough Staten Island Block 2306 Lot 160 BIN 5037383 C.B. No. 502

Work on Floor(s) \_\_\_\_\_ Apt. / Condo No(s) \_\_\_\_\_

## 3 Type of Permit Choose one and complete any appropriate sub-choices or other information.

- |                                                 |                                                  |                                            |                                                                                                        |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Alteration             | <input type="checkbox"/> Curb Cut                | <input type="checkbox"/> Fuel Burning      | <input checked="" type="checkbox"/> Plumbing 3C 3A Electrical application no. for shed lighting: _____ |
| <input type="checkbox"/> Boiler                 | <input type="checkbox"/> Demolition and Removal  | <input type="checkbox"/> Gas               | <input type="checkbox"/> Sign _____                                                                    |
| <input type="checkbox"/> Construction Equipment | <input type="checkbox"/> Fire Alarm              | <input type="checkbox"/> Oil               | <input type="checkbox"/> Sprinkler 3C 3B Related fence job no. _____                                   |
| <input type="checkbox"/> Chute                  | <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Fuel Storage      | <input type="checkbox"/> Standpipe 3C 3C Secondary permit description (if applies): _____              |
| <input type="checkbox"/> Fence                  | <input type="checkbox"/> Foundation / Earthwork  | <input type="checkbox"/> Mechanical / HVAC | n/a                                                                                                    |
| <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?

## 4 Applicant / Contractor Required for all applications. (\* Indicates optional.)

Last Name Pederson First Name Douglas Middle Initial \_\_\_\_\_

Business Name V&M Drain Cleaning Business Telephone (718) 556-0308

Business Address 422 Castleton Avenue \*Business Fax (718) 556-0308

City Staten Island State NY Zip 10310 \*Mobile Telephone \_\_\_\_\_

\*E-Mail \_\_\_\_\_ Taxpayer ID \_\_\_\_\_

- |                                                               |                                                                                                                                           |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> General Contractor 4A, 4B | 4A Provide registration or tracking number: _____                                                                                         |
| <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 number: _____ |
| <input checked="" type="checkbox"/> Master Plumber 4C, 4D     | 4C License Number: 001719                                                                                                                 |
| <input type="checkbox"/> Oil Burner Installer 4C, 4D          | 4D Is applicant responsible for all work on this application? <input checked="" 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*                           | _____                                                                                                                                     |
- \*DOB approval required.



\*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        | Rizzi                       | First Name | Doreen | Middle Initial      | A              |
| Business Name    | Doreen A. Rizzi, Consultant |            |        | Business Telephone  | (347) 885-7736 |
| Business Address | 40 Clarence Place           |            |        | *Business Fax       | (718) 351-2080 |
| City             | Staten Island               | State      | NY     | Zip                 | 10306          |
| *E-Mail          | dordor69@aol.com            |            |        | *Mobile Telephone   | (347) 885-7736 |
|                  |                             |            |        | Registration Number | 3614           |

**6 Insurance** P.E. / R.A. 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. (\* Indicates optional.)

I, the applicant / contractor, hereby declare the scope of work filed under this permit application requires: (choose one)

|                                                      |                                                  |                                              |
|------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Construction Superintendent | <input type="checkbox"/> Site Safety Coordinator | <input type="checkbox"/> Site Safety Manager |
| Last Name                                            | First Name                                       | Middle Initial                               |
| Business Name                                        | Telephone                                        |                                              |
| Address                                              | *Fax                                             |                                              |
| City                                                 | State                                            | Zip                                          |
| *E-Mail                                              | *Mobile Telephone                                |                                              |
|                                                      |                                                  | 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.)

☐ Yes ☐ No Is the applicant/contractor named in section four performing the demolition work for this permit? If no, complete this section.

|               |                   |                     |
|---------------|-------------------|---------------------|
| Last Name     | First Name        | Middle Initial      |
| Business Name | Telephone         |                     |
| Address       | *Fax              |                     |
| City          | State             | Zip                 |
| *E-Mail       | *Mobile Telephone |                     |
|               |                   | 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                                               |             |

**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.)

☐ Yes ☐ No Is the applicant/contractor named in section four performing the concrete work for this permit? If no, complete this section.

|               |       |                     |                   |                |
|---------------|-------|---------------------|-------------------|----------------|
| Last Name     |       | First Name          |                   | Middle Initial |
| Business Name |       |                     |                   | Telephone      |
| Address       |       |                     |                   | *Fax           |
| City          | State | Zip                 | *Mobile Telephone |                |
| *E-Mail       |       | 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                 | *Mobile Telephone |                |
| *E-Mail       |       | 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.

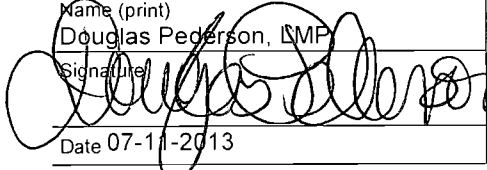
|              |                                                            |             |
|--------------|------------------------------------------------------------|-------------|
| Name (print) | Notarization<br>State of New York, County of:              | Notary Seal |
| Signature    | Sworn to 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.
- ☐ Check here if the work authorized by this permit does NOT require adjacent property insurance.

|                                                                                                  |                                                                          |                              |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|
| Name (print)<br>Douglas Pederson, LMP                                                            | Notarization (required if not licensee)<br>State of New York, County of: | Licensee Seal or Notary Seal |
| Signature<br> | Sworn to or affirmed under penalty of perjury<br>day of 20               |                              |
| Date 07-11-2013                                                                                  | Notary Signature                                                         |                              |