DEPT OF BLDGS 540258978 Job Number

ES568750735 Scan Code

NYC Buildings

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)*

[X] Initial Permit *(complete all sections)* Expected work start date: 10/10/23

[ ] 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) 44 Street Name LINTON PLACE

Borough 5 Block 4610 Lot 205 BIN 5115879 CB No. 503

Work on Floor(s) 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)*

[X] Alteration
[ ] Filed as NB (28-101.4-5)
[ ] Boiler
[ ] Construction Equipment
[ ] Chute [ ] Fence
[ ] Sidewalk Shed *3A*
[ ] Supported Scaffold
[ ] Other: _____

[ ] Curb Cut
[ ] Demolition and Removal
[ ] Fire Alarm
[ ] Fire Suppression System
[ ] Foundation/Earthwork
Area of site (sq. ft): _____
[ ] Earthwork Only

[ ] Fuel Burning
[ ] Gas
[ ] Oil
[ ] Fuel Storage
[ ] Mechanical/HVAC
[ ] New Building *3B*

[ ] Plumbing *3C*
[ ] Sign
[ ] Sprinkler *3C*
[ ] Standpipe *3C*

3A Electrical Application No.: *(for shed lighting)*

3B Related Fence Job No.

3C Secondary Permit Description: *(if applies)*

3D
[ ] Yes [X] No Are you adding more than three stories?
[ ] Yes [X] No Are you performing work in 50% or more of the area of the building?
[ ] Yes [X] No Are you performing a vertical or horizontal enlargement adding more than 25% of the area of the building?
[ ] Yes [X] No Are mechanical means to be used?

[ ] Yes [X] No Are you removing one or more stories? *If Yes, 8*
[ ] Yes [X] No Are you demolishing 50% or more of the area of the building? *If Yes, 8*
[ ] Yes [X] No Does your approved work include concrete? If *Yes*, is your concrete work completed? [ ] Yes [ ] No *complete section 9*
[ ] Yes [X] 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 JOYCE First Name PAUL Middle Initial

Business Name SUNRUN INSTALLATION SVC Business Telep[redacted]

Business Address 775 FIERO LANE SUITE 200 *Business Fax

City SAN LUIS OBISBO State CA Zip 93401 *Mobile Telephon[redacted]

Email Taxpayer ID

[X] General Contractor *4A, 4B*
[ ] Fire Suppression Contractor *4C,4D*
[ ] Master Plumber *4C,4D*
[ ] Oil Burner Installer *4C,4D*
[ ] Sign Hanger *4D*
[ ] Professional Engineer *4C, 6*
[ ] Registered Architect *4C, 6*
[ ] Homeowner *(DOB approval required)*

4A *Provide registration or tracking number:* 613329

4B Does work require a HIC license? [X] Yes [ ] No If *Yes*, HIC License No.:

4C License No.: 613329

4D Is applicant responsible for all work on this application? [X] Yes [ ] No
If *No*, describe work responsibility: _____

4E Provide EPA lead firm certificate number if work will disturb lead paint or paint of unknown lead content:

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	MCLEOD	First Name	SEAIRRA	Middle Initial	
Business Name	SUNRUN INSTALLATION SERVICES			Business Telephone	909-441-0503
Business Address	21 WOLRDS FAIR DRIVE			*Business Fax	
City	SOMERSET	State NJ	Zip 08873	*Mobile Telephone	
*Email	SEAIRRA.MCLEOD@SUNRUN.COM			Registration Number	7369

6 INSURANCE *(PE/RA ONLY)* * *indicates required for all permits*

[X] Liability Insurance *(NB permits only)* [X] Workers' Compensation Insurance* [X] 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)*

[X] Construction Superintendent [ ] Site Safety Coordinator [ ] Site Safety Manager

Last Name	JOYCE	First Name	PAUL	Middle Initial	
Business Name	SUNRUN INSTALLATION SVC			Telephone	848-702-8176
Address	21 WORLDS FAIR DRIVE			*Fax	
City	SOMERSET	State NJ	Zip 08873	*Mobile Telephone	848-702-8176
*Email	PAIL.JOYCE@SUNRUN.COM			Registration Number	613329

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 | *Mobile Telephone

*Email | 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 | *Mobile Telephone

*Email | 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

Name *(print)* PAUL JOYCE	Notarization *(required if not license)* State of New Jersey, County of: Somerset	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury 29 day of September 20 23	
Date 9/29/23	Notary Signature Rosa de los Santos	

STATE OF NEW JERSEY NOTARY PUBLIC
Rosa I. De Los Santos
NOTARY PUBLIC OF NEW JERSEY
COMMISSION # 50018019
MY COMMISSION EXPIRES 6/24/2025