



## PW2: Work Permit Application

Must be typewritten.

DEPT BLDGS Job No. 121275707



Scan Code ESHS4981669

BIS Document No., required:

### 1 Reason For Filing *Required for all applications.*

- ☒ Initial Permit *Complete all sections.* Expected work start date: 11-11-2019 ☐ 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) 2461 Street Name Broadway

Borough Manhattan Block 1239 Lot 10 BIN 1033583 C.B. No. 107

Work on Floor(s) Cellar, Roof, 01 thru 19 Apt. / Condo No(s) \_\_\_\_\_

Total number of dwelling units at location 57 Number of dwelling units occupied during construction 0

### 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 type="checkbox"/> Plumbing 3C  | 3A Electrical application no. for shed lighting: |
| <input type="checkbox"/> Filed as NB (28-101.4-5)             | <input type="checkbox"/> Demolition and Removal            | <input type="checkbox"/> Gas               | <input type="checkbox"/> Sign         |  |
| <input type="checkbox"/> Boiler                               | <input type="checkbox"/> Fire Alarm                        | <input type="checkbox"/> Oil               | <input type="checkbox"/> Sprinkler 3C | 3B Related fence job no.                         |
| <input type="checkbox"/> Construction Equipment               | <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"/> Chute <input type="checkbox"/> Fence | <input checked="" type="checkbox"/> Foundation / Earthwork | <input type="checkbox"/> Mechanical / HVAC |                                       |  |
| <input type="checkbox"/> Sidewalk Shed 3A                     | Area of site (sq. ft): <u>136,679</u>                      | <input type="checkbox"/> New Building 3B   |                                       |  |
| <input type="checkbox"/> Supported Scaffold                   |  |  |                                       |  |
| <input type="checkbox"/> Other: _____                         | <input checked="" 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? ☐ 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 Palace

First Name James

Middle Initial \_\_\_\_\_

Business Name Urban Atelier Group, LLC

Business Address 85 5th Avenue, 12th Floor

City New York

State NY

Zip 10003

\*E-Mail jpalace@uag.nyc

- |  |        |    |   |
|--|--------|----|---|
| <input checked="" type="checkbox"/> General Contractor | 4A, 4B | 4A | Provide registration or tracking number: <u>61</u>  |
| <input type="checkbox"/> Fire Suppression Contractor   | 4C, 4D | 4B | Does work require a HIC license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |
| <input type="checkbox"/> Master Plumber                | 4C, 4D | 4C | License Number: _____   |
| <input type="checkbox"/> Oil Burner Installer          | 4C, 4D | 4D | Is applicant responsible for all work on this application? <input 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.                                 |        | 4E | _____   |



DEPT BLDGS

FC-PW2.V3-03

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 BE/BO/TO/DA

First Name IV/SA/IB/AN

Middle Initial

Business Name JM ZONING

Business Telephone 212-964-4464

Business Address 225 Broadway

\*Business Fax

City New York

State NY

Zip 10007

\*Mobile Telephone

\*E-Mail Peter@jnzoning.com

Registration Number 007300

**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)

☐ Construction Superintendent☐ Site Safety Coordinator☒ Site Safety Manager

Last Name Cintron

First Name Regina

Middle Initial M

Business Name CR Safety

Telephone 212-736-6900

Address 1407 Broadway, Suite 402

\*Fax

City New York

State NY

Zip 10018

\*Mobile Telephone

\*E-Mail

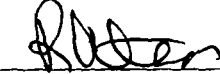
Registration Number 002319

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent, Site Safety Coordinator, or Site Safety Manager (identified above) as set forth in the Department of Buildings rules and regulations.

Name (print)

Regina M Cintron

Signature



Date 10-29-19

Notarization

State of New York, County of:

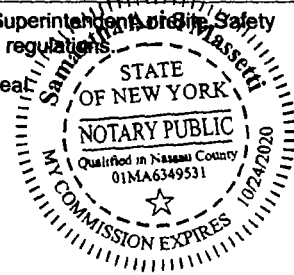
Sworn to or affirmed under penalty of perjury

29 day of October 2019

Notary Signature



Notary Seal

**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

\*Mobile Telephone

\*E-Mail

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)

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Signature

Notary Seal

PW2

**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 Defalco First Name Michael Middle Initial  
 Business Name Defalco Construction INC Telephone 718-545-2530  
 Address 25-27 23rd Street, \*Fax  
 City Astoria State NY Zip 11102 \*Mobile Telephone  
 \*E-Mail defalcoconstructioninc@gmail.com Registration Number 620045

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)  
Michael Falco

Signature

Date 10-29-19

Notarization  
State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

29 day of October 2019

Notary Signature

Notary Seal

**PATRICIA PENA**  
 Notary Public, State of New York  
 Registration No. 01PE6344309  
 Qualified in NEW YORK County  
 Commission Expires JUNE 27, 2020

**11 Concrete Safety Manager Required if applicable. (\* Indicates optional.)**

Last Name Outten First Name Jonathan Middle Initial  
 Business Name Defalco Construction INC Telephone 718-545-2530  
 Address 25-27 23rd Street, \*Fax  
 City Astoria State NY Zip 11102 \*Mobile Telephone  
 \*E-Mail Registration Number 2651

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)  
Jonathan Outten

Signature

Date 10.29.19

Notarization  
State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

29th day of October 2019

Notary Signature

Notary Seal

**PATRICIA PENA**  
 Notary Public, State of New York  
 Registration No. 01PE6344309  
 Qualified in NEW YORK County  
 Commission Expires JUNE 27, 2020

**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.

☐ Check here if the work authorized by this permit does NOT require adjacent property insurance. (moved from section 13)

Name (print)  
James Palace

Signature

Date 10/31/19

Notarization (required if not licensee)  
State of New York, County of:

Sworn to or affirmed under penalty of perjury

31st day of October 2019

Notary Signature

Licensee Seal or Notary Seal

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