



PW2: Work Permit Application

Must be typewritten.

Orient and affix BIS job number label here

BIS Document No., required:

1 Reason For Filing *Required for all applications.*

- Initial Permit *Complete all sections.* Expected work start date: _____
- No Work Permit *Complete all sections.*
- Renewal Permit with changes *Complete all sections.*
- Renewal Permit without changes 1, 5, 7-10

2 Location Information *Required for all applications.*

House No(s)	Street Name			
Borough	Block	Lot	BIN	CB No.
Work on Floor(s)			Apt/Condo No(s)	

3 Applicant / Contractor *Required for all applications. * indicates optional.*

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

4 Filing Representative *Complete if different from applicant specified in section 3. * indicates optional.*

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

5 Additional Applicant / Contractor Information

<input type="checkbox"/> General Contractor	} 5A, 5B	5A Insurance Tracking Number:
<input type="checkbox"/> Demolition Contractor		5B Does work require a HIC license? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fire Suppression Contractor	} 5C, 5D	If yes, HIC license number:
<input type="checkbox"/> Master Plumber		5C License Number:
<input type="checkbox"/> Oil Burner Installer	} 5C	5D Is applicant responsible for all work on this application?
<input type="checkbox"/> Sign Hanger		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, describe work responsibility:</i>
<input type="checkbox"/> Professional Engineer	} 5C, 6	_____
<input type="checkbox"/> Registered Architect		_____
<input type="checkbox"/> Homeowner*		_____

*DOB approval required.

6 Insurance *P.E. / R.A. only.*

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law. Check off all requirements and submit documentation with application.

Liability Insurance (NB permits only)

Required for all permits:

Workman's Compensation Insurance

Disability Insurance

7 Type of Permit <i>Choose one and complete any appropriate sub-choices or other information.</i>				
<input type="checkbox"/> Alteration	<input type="checkbox"/> Curb Cut	<input type="checkbox"/> Fuel Burning	<input type="checkbox"/> Plumbing 7C	7A Electrical application no. for shed lighting:
<input type="checkbox"/> Boiler	<input type="checkbox"/> Demolition and Removal	<input type="checkbox"/> Gas	<input type="checkbox"/> Sign	7B Related fence job no.
<input type="checkbox"/> Construction Equipment	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Oil	<input type="checkbox"/> Sprinkler 7C	7C If applicable, provide the secondary permit description here: _____ _____
<input type="checkbox"/> Chute	<input type="checkbox"/> Fire Suppression System	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Standpipe 7C	
<input type="checkbox"/> Fence	<input type="checkbox"/> Foundation / Earthwork	<input type="checkbox"/> Mechanical / HVAC		
<input type="checkbox"/> Sidewalk Shed 7A	Area of site (sq. ft): _____	<input type="checkbox"/> New Building 7B		
<input type="checkbox"/> Supported Scaffold				
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Earthwork Only			

8 Construction Superintendent / Site Safety Manager Requirements <i>Not required if applicant is licensee.</i>
I, the contractor stated below, hereby declare the scope of work filed under this permit application requires (<i>choose one</i>):
<input type="checkbox"/> Construction Superintendent 10 <input type="checkbox"/> Site Safety Manager 10 <input type="checkbox"/> Neither

9 Applicant / Contractor Statements and Signatures <i>Required for all applications.</i>							
<p>I hereby state that the above information is correct and complete to the best of my knowledge. I hereby assume responsibility for all statements applying to the applicant/contractor on this application. 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.</p> <ul style="list-style-type: none"> I hereby state that if a Construction Superintendent or Site Safety Manager is required for this application that I have hereby advised the individual listed below he or she is designed as such and hereby certify he or she is registered and in good standing with the NYC Department of Buildings. I hereby state that I am in compliance with §24-220 of the NYC Noise Code which requires a complete and accurate Construction Mitigation Plan at the work site. I hereby state that this renewal application with no change to Applicant, Filing Representative, Construction Superintendent, Site Safety Manager, or insurance is for the work as originally filed or as officially amended. In accordance with Section 27-151 of the Administrative Code, I hereby declare that I am authorized by the owner of the above-referenced premises to make this application for a permit to perform the work described herein. 							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">Name (print)</td> <td style="width:33%; border-bottom: 1px solid black;">Notarization (required if not licensee) State of New York, County of:</td> <td rowspan="3" style="width:33%; text-align: center; vertical-align: middle;"> <div style="border: 1px dotted black; border-radius: 50%; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Licensee Seal or Notary Seal </div> </td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature</td> <td style="border-bottom: 1px solid black;">Sworn to or affirmed under penalty of perjury day of 20</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date</td> <td style="border-bottom: 1px solid black;">Notary Signature</td> </tr> </table>	Name (print)	Notarization (required if not licensee) State of New York, County of:	<div style="border: 1px dotted black; border-radius: 50%; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Licensee Seal or Notary Seal </div>	Signature	Sworn to or affirmed under penalty of perjury day of 20	Date	Notary Signature
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Signature	Sworn to or affirmed under penalty of perjury day of 20						
Date	Notary Signature						

10 Construction Superintendent or Site Safety Manager <i>Required except if "Neither" is selected in section 8 above. *indicates optional</i>				
Last Name	First Name	Middle Initial		
Business Name			Telephone	
Address			Fax*	
City	State	Zip	Mobile Telephone*	
E-Mail*		Registration/License Number		

Choose one: Construction Superintendent Site Safety Manager

I, the undersigned, will perform, on behalf of the Contractor, all of the functions required of a Construction Superintendent/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:	<div style="border: 1px dotted black; border-radius: 50%; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Notary Seal </div>
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Signature	