

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, N.Y. 10013-3394

GASTON SILVA, R.A., Commissioner

BARRY G. COX Assistant Commissioner Borough Operations (212) 312-8004 TTY (212) 312-8188

OPERATIONS POLICY AND PROCEDURE NOTICE # 10/96

TO:

Distribution

FROM:

Barry

DATE:

6 November 1996

SUBJECT:

Sidewalk Shed Renewal Permits

Effective:

Immediately

Purpose:

To require all renewal applications for sidewalk sheds to include the name and address

of the property owner.

Specifics:

A work permit application (PW2) submitted to renew a sidewalk shed permit shall be

rejected if the property owners name and address do not appear on the document.

BGC:yaj



Work Permit Application

Please File 2 Copies
Application Must Be Typewritten

Internal Use	
Work Permit Number	

EPARTMENT OF BUILDINGS										
1 Filing Status										
Initial Permit	Renewal	Renewal				Job	Number			
Expected Job Start Date										
· · ·										
2 Location										
Borough	Block Let(s)					BIN			C.B. No.	
House No(s).	Street Name					Apt/Co	ndo No(s	s).		
Special Place Name						Floor(s)			
3 Type of Permit	No Work Pe	rmit				_				
New Building	Alteration	u.	L	Equipment V	/ork				· · · · · · · · · · · · · · · · · · ·	
Demolition & Removal	Plumbing			Boiler					Standpipe	
Foundation/Earthwork	Sign	PA		Fuel Burning		Oil	Gas		Fire Alarm	
Earthwork Only	Construction	Equipment		Fuel Storage					Fire Suppression System	
For Foundation/Earthwork Permits, pro-	vide area of site:	eq. ft,]	Sprinkler		•			Mechanical/HVAC	
Curb Cut Describe:										
4 Applicant/Contractor	The following	g information repres	ents	a change to the	e orig	ginal per	mit app	lica	tion.	
Last Name		First Name					M.İ.		·· ··	
Business Name		11141114				Business Phone ()				
	City						Business	5 Ph	one ()	
Address		City					Business State	s Ph	ZIP	
		City						s Ph		
	es required of a Sup		ıstruc	ction for this job			State	s Ph		
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8 Superintendent of Construction	
I, the undersigned, agree to take responsibility for superintending the use o	
Last Name First Name	M.I.
Business Name	Business Phone ()
Address City	State ZIP
P.E. R.A. Other: Texpayer IO	
Name	Seal (P.E. or R.A.)
Signature Date	
Notarization	
State of New York, County of	Seel
Sworn to before me this day of 19	
Signatur e	
	· · · · · · · · · · · · · · · · · · ·
9 Site Safety Manager	M.).
Last Name First Name	Business Phone ()
Business Name	State ZIP
Address City	Cinte Cir
Social Security No. 9a Contractor's Statement for Site Safety Plan	<u> </u>
98 Contractor's Statement for Site Safety Flair	
I have advised the individual named above that he has been designated as the Site	lagree to waive the objections and defense that he is not the proper party-defendant in
Safety Manager.	any criminal proceeding based upon the failure of the Site Safety Manager referenced above, to comply with his duties as set forth in the Department of Buildings regulations
hereby state that the individual designated to be Site Safety Manager is an employee of	for Site Safety Managers.
the Contractor and meets the qualifications for Site Safety Manager. The individual designated by me shall function as Site Safety Manager for all construction work to be	l acknowledge, certify, and accept all of the above.
performed at the location referenced above which is covered by the Department of Buildings regulations for Site Safety Programs.	Contractor
• -	
lagree to either aubatitute myself as a defendant in the place of the Site Safety Manager in any proceedings brought against the Site Safety Manager by a governmental authority	Name
for all of the acts, errors and omissions of the designated Site Safety Manager or agree to	Title Date
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.	Signature Date
Site Safety Manager	Nama
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	Name
regulations.	Title Signature Date
Lacknowledge, certify, and accept all of the above.	Signature Date
Matarization	· · · · · · · · · · · · · · · · · · ·
Notarization	Seal
State of New York, County of 19 Sword to before me this day of 19	
Signature	