



ISSUANCE #511

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) 312-6004

TTY (212) 312-8188

OPERATIONS
POLICY AND PROCEDURE NOTICE # 10/96

TO: Distribution
FROM: Barry G. Cox
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

1 Filing Status				
<input type="checkbox"/> Initial Permit	<input type="checkbox"/> Renewal	<input type="checkbox"/> Limited	Job Number	
Expected Job Start Date				

2 Location				
Borough	Block	Lot(s)	BIN	C.B. No.
House No(s).	Street Name		Apt/Condo No(s).	
Special Place Name			Floor(s)	

3 Type of Permit		No Work Permit		
<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration	<input type="checkbox"/> Equipment Work		
<input type="checkbox"/> Demolition & Removal	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Boiler	<input type="checkbox"/> Standpipe	
<input type="checkbox"/> Foundation/Earthwork <input checked="" type="checkbox"/>	<input type="checkbox"/> Sign <input type="checkbox"/> PA	<input type="checkbox"/> Fuel Burning <input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Earthwork Only	<input type="checkbox"/> Construction Equipment	<input type="checkbox"/> Fuel Storage	<input type="checkbox"/> Fire Suppression System	
<input checked="" type="checkbox"/> For Foundation/Earthwork Permits, provide area of site: sq. ft.		<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Mechanical/HVAC	
Curb Cut Describe:				

4 Applicant/Contractor	The following information represents a change to the original permit application.		
Last Name	First Name	M.I.	
Business Name	Address		Business Phone ()
City		State	ZIP
License Type:			Lic. No.
<input type="checkbox"/> I shall perform the responsibilities required of a Superintendent of Construction for this job.			

5 Filing Representative	Complete if different from applicant.		
Last Name	First Name	M.I.	
Business Name	Address		Business Phone ()
City		State	ZIP

6 Insurance		
Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law as follows:		
<input type="checkbox"/> Insurance Certificates/Policies on file with the Department of Buildings	<input type="checkbox"/> Insurance Certificates/Policies submitted with this application	
Insurance Company	Certificate/Policy No.	Expiration Date

7 Statements and Signatures	
<p>I hereby state that the above information is correct and complete to the best of my knowledge.</p> <p>Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine or imprisonment, or both.</p> <p>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. Violation is punishable by imprisonment or fine or both.</p>	Applicant Name
	Title
	Signature Date

8 Superintendent of Construction						
I, the undersigned, agree to take responsibility for superintending the use of materials and their incorporation into the work to be performed for this job.						
Last Name		First Name		M.I.		
Business Name						
Business Phone ()						
Address			City		State ZIP	
P.E.		R.A.		Other:		Lic. No.
Taxpayer ID No.						
Name				Seal (P.E. or R.A.)		
Signature		Date				

Notarization				
State of New York, County of			Seal	
Sworn to before me this		day of		19
Signature				

9 Site Safety Manager					
Last Name		First Name		M.I.	
Business Name					
Business Phone ()					
Address			City		State ZIP
Social Security No.					
9a Contractor's Statement for Site Safety Plan					
<p>I have advised the individual named above that he has been designated as the Site Safety Manager.</p> <p>I hereby state that the individual designated to be Site Safety Manager is an employee of 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 performed at the location referenced above which is covered by the Department of Buildings regulations for Site Safety Programs.</p> <p>I agree to either substitute 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 for all of the acts, errors and omissions of the designated Site Safety Manager or agree to 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.</p>			<p>I agree to waive the objections and defense that he is not the proper party-defendant in 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 for Site Safety Managers.</p> <p>I acknowledge, certify, and accept all of the above.</p>		
Contractor					
Name					
Title					
Signature			Date		
Site Safety Manager					
<p>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 regulations.</p> <p>I acknowledge, certify, and accept all of the above.</p>			<p>Name</p> <p>Title</p> <p>Signature</p> <p>Date</p>		

Notarization				
State of New York, County of			Seal	
Sworn to before me this		day of		19
Signature				