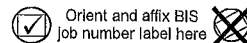
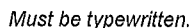




Scan Code



1A Indicate existing document number
affected by filing: 1

- | | |
|--|--|
| ☐ Initial Filing 2-7 | Estimated cost of construction |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☒ To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

C.B. No. 108

Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

Yes No

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

Yes No

- ☒ ☐ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe)

**List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.*

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number		E-Mail
Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	BARR	First Name	GLENNIS	Middle Initial
Business Name	THE CARLYLE	Business Phone	2124397621	Business Fax
Business Address	35 EAST 76 STREET			Mobile Phone
City	NEW YORK	State	NY	Zip
			10021	E-Mail
				glennis.barr@rosewoodho

6 Design Applicant's Statements and Signatures

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine, imprisonment, or both. 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. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

GLENNIS BARR

Signature

Date

Notarization

State of New York, County of: **NEW YORK**

Sworn to or affirmed under penalty of perjury

20 day of **November** 20 **24**

Notary Public Signature

Notary Seal

DANIELLE POLSINELLI
Notary Public, State of New York
Reg. No. 01PO6415233
Qualified in New York County
Commission Expires March 15, 2025

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		



PW1: Plan/Work Application

Application must be typewritten

☒ Orient and affix BIS
job number label here ☒

1 LOCATION INFORMATION (required for all applications)

House No(s) 35	Street Name EAST 76 STREET			
Borough MANHATTAN	Block 1391	Lot 21	BIN 1041797	CB No. 108
Work on Floor(s) 016			Apt./Condo No(s)	

2 APPLICANT INFORMATION (required for all applications; fax, mobile phone and email address are optional information)

Last Name BARR	First Name GLENNIS	Middle Initial
Business Name THE CARLYLE HOTEL		Business Telephone (212) 439-7361
Business Address 35 EAST 76 STREET		Business Fax
City NEW YORK	State NY	Zip 10021
Email GLENNIS.BARR@ROSEWOODHOTELS.COM		Mobile Telephone
License Number		
Choose one: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ R.L.A. ☒ Other: OWNER		

3 FILING REPRESENTATIVE (complete only if different from applicant specified in Section 2; fax, mobile phone, and email are optional info)

Last Name CUE/BOC/CAS	First Name MIK/LOR/ERI	Middle Initial
Business Name CONVERSANO ASSOCIATES INC		Business Telephone (212) 791-0818
Business Address 291 BROADWAY ROOM 1000		Business Fax
City NEW YORK	State NY	Zip 10007
Email MIKE@CAINYC.COM		Mobile Telephone
Registration Number 001635		

4 FILING STATUS (required for all applications; choose one and provide specified associated information)

☐ Initial Filing 5, 7, 11, 12A, 25-26 Choose one only: ☐ Standard Plan Examination or Review ☐ Professional Certification PC1, POC1 ☐ Professional Certification of Objections A11	☐ Prior to Approval Actions 25-26 ☐ Amend Existing Filing 4A ☐ Subsequent Filing 6-7, 8A (Alt-2 only), 11 ☐ Post Approval Amendment (PAA) 4A, 6, 24-25 Will PAA affect filing fees? ☐ YES ☐ NO ☐ New (Superseding) Applicant 4A, 25-26	☒ Reinstatement 24-26 ☐ Withdrawal 26 ☐ Specified in 4A and 6 ☐ Entire Job 4A Indicate existing document number affected by filing: 01
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5 JOB/PROJECT TYPES (choose one and provide specified associated information)

☐ Alteration Type 1 or Alteration Type 1 required to meet New Building requirements (28-101.4.5) 6A-E, 8B-C, 8F, 9-10, 12, 13C-F, 14, 18-20, 22 & PW1A, PD1	☐ Alteration Type 2 5A, 6A-D, 8A-B, 9-10, 13C-E, 14, 20, 22	☐ Full Demolition 6B, 8D, 9A & 9C-D, 9K, 9M, 13D-E, 14, 21A, 22
☐ Alteration Type 1, OT: 'No Work' 8C, 8F, 9-10 & 12, 13C-F, 14, 18-19, 22, PW1A, PD1	☐ Alteration Type 3 5A, 6B-F, 8C, 9-10, 13C-E, 20, 22	☐ Subdivision 9A, 9D, 12A-B
	☐ New Building 6A-E, 8F, 9A, 9C-K, 9M, 10, 12 & 13A-E, 14, 18-20, PW1A, PD1	☐ Condominium ☐ Improved 17
	☐ Sign 5A, 6B-D, 9A, 9D, 22-23	5A Directive 14 acceptance requested? ☐ YES ☐ NO

6 WORK TYPES (select all that apply but no more than allowed by job & filing type: 'OT' required on all NB and Alteration 1 initial applications)

6A ☐ BL - Boiler PW1C ☐ FA - Fire Alarm ☐ FB - Fuel Burning PW1C	☐ FS - Fuel Storage PW1C ☐ FP - Fire Suppression ☐ MH - Mechanical	☐ PL - Plumbing PW1B ☐ SD - Standpipe PW1B ☐ SP - Sprinkler PW1B	6E ☐ CC - Curb Cut 16 ☐ OT/LAN - Landscape
6B ☐ EQ - Construction ☐ Equipment 15	6C ☒ OT/GC - General ☒ Construction	6D ☐ OT - Other, describe:	6F ☐ OT/ANT - Antenna ☐ OT/BPP - Builders Pavement Plan 8D ☐ OT/FPP - Fire Protection Plan ☐ OT/MAR - Marquee 8E, 26B