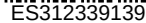


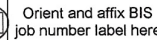


Job Number



Scan Code

Must be typewritten.

1 Reason For Filing *Required for all applications.*

1A Indicate existing document number
affected by filing: 01

Estimated cost of construction	
Estimated cost of construction	
Estimated cost of construction	
Actual construction cost of completed work	

2 | Location Information *Required for all applications.*

C.B. No. 105

3 | Cost Details *Required for all applications.*

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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT/MH	INTERIOR RENOVATION WORK IN PH APT	1	60,000	60,000	60,000
			TOTAL JOB COST: \$ 60,000.00		

**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
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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 VAN DYKE	First Name PETER	Middle Initial
Business Name 889 REALTY, INC	Business Phone	Business Fax
Business Address 889 BROADWAY	Mobile Phone	
City NEW YORK	State NY	Zip 10003
		E-Mail Peter VanDyke Jr. <pvdju

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 <i>Notary only required when submitting to obtain sign-off.</i>
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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)

PETER VAN DYKE

Signature

Date

17 JULY 2022

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

19th day of **July** 20 **22**

Notary Public Signature

Notary Seal

JOAN HUMPHREYS
NOTARY PUBLIC, STATE OF NEW YORK
 No 01HU6260469
 Qualified in New York County
 My Commission Expires April 30, 2024

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)		