



Job Number

Scan Code



ESHS3428022

3		Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

☐ Partial Demolition
☐ Non-Structural Demolition
☐ Structural Work
☐ Interior Renovation
☐ Exterior Renovation
☐ (Describe) _____

[illegible]

12/14



Scan Code ESHS1958693

PW3

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4 Design Applicant Information

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

5 Owner/Lease Holder Information

Last Name	COFFEY	First Name	JAMES	Middle Initial	
Business Name	GFP REAL ESTATE, LLC C/O 675 AOA OWNER, LLC		Business Phone	(212) 242-5722	Business Fax
Business Address	515 MADISON AVENUE, 15TH FLOOR		Mobile Phone		
City	NEW YORK	State	NY	Zip	10022
E-Mail		JCOFFEY@GFPRE.COM			

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)

JAMES COFFEY

Signature

Date

11/24/2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

24th day of November 2021

Notary Public Signature

Notary Seal

JESSICA OSORIO LEON

NOTARY PUBLIC-STATE OF NEW YORK

No. 01LE6413521

Qualified in New York County

My Commission Expires 01-25-2025

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)		