



|          |                                                           |
|----------|-----------------------------------------------------------|
| <b>3</b> | <b>Cost Details</b> <i>Required for all applications.</i> |
|----------|-----------------------------------------------------------|

☒ ☐ 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   | Choose One:                                                                                                                                                | E-Mail         |
|                  | <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |                |

**5 Owner/Lease Holder Information**

|                                                 |                              |                               |
|-------------------------------------------------|------------------------------|-------------------------------|
| Last Name Kennedy                               | First Name Jim               | Middle Initial                |
| Business Name Starbucks Coffee Company          | Business Phone (609)553-0716 | Business Fax                  |
| Business Address 370 Seventh Avenue, Suite 1510 |                              | Mobile Phone                  |
| City New York                                   | State NY                     | Zip 10001                     |
|                                                 |                              | E-Mail jkennedy@starbucks.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**

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)

Jim Kennedy

Signature

Date

11/8/21

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

8<sup>th</sup> day of November 20 21

Notary Public Signature

Notary Seal

ABRAHAM CHANDLER  
Notary Public, State of New York  
Reg. No. 01CH6373200  
Qualified in New York County  
Commission Expires 04-02-2022

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |