



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

Yes	No	Yes	No	Yes	No
☐	☒	☐	☒	☒	☐
	Boiler (BL)		Standpipe (SD)		General Construction (OT)
☐	☒	☐	☒		☐
	Fire Alarm (FA)		Sprinkler (SP)		Partial Demolition
☐	☒	☐	☒		☐
	Fuel Burning (FB)		Signs (SG)		Non-Structural Demolition
☐	☒	☐	☒		☐
	Fuel Storage (FS)		Other (OT)		Structural Work
☐	☒		☐		☐
	Fire Suppression (FP)		Antenna (OT/ANT)		Interior Renovation
☒	☐		Fire Protection Plan (OT/FPP)		☐
	Mechanical (MH)		Marquee (OT/MAR)		Exterior Renovation
☒	☐		(Describe)		☐
	Plumbing (PL)				(Describe) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
General construction	General Construction	49614SF	68.52	3,400	3,400
Interior renovation					
structural work	Structural work			1,000	1,000
Mechanical (MH)	Mechanical work			1,000	1,000
Plumbing (PL)	Plumbing work			1,000	1,000
			TOTAL JOB COST: \$		3,700,000

12/14

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	Dacunto	First Name	Bill	Middle Initial
Business Name	Silverstein Properties	Business Phone	2125517650	Business Fax
Business Address	250 Greenwich Street	Mobile Phone		
City	New ork	State	NY	Zip
E-Mail		bdacunto@silvprop.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)

Bill Dacunto

Signature

Date

10/20/22

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

28 day of October 20 22

Notary Public Signature

Taylor Monique Hudnell

Notary Seal

TAYLOR MONIQUE HUDNELL
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01HU6377676
 Qualified in Kings County
 Commission Expires July 09, 2026

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)		