



Job Number

Scan Code



1	Reason For Filing <i>Required for all applications.</i>
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1A Indicate existing document number
affected by filing:

- Estimated cost of construction**
- Estimated cost of construction**
- Estimated cost of construction**
- Actual construction cost of con**

2 Location Information *Required for all applications.*

Street Name PLEASANT AVE

C.B. No. 111

3 Cost Details *Required for all applications.*

Categories of Work (Must match all applicable categories indicated on PW1.)

- 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) no wk

[illegible]

**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	E-Mail
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name MACPHERSON		First Name IAN	Middle Initial
Business Name		Business Phone	Business Fax
Business Address 279 PLEASANT AVE		Mobile Phone	
City NY	State NY	Zip 10029	E-Mail

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)

IAN MACPHERSON

Signature

Date

Aug 31 2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

Notary Public Signature

Notary Seal

Commissioner of Deeds, City of New York
 No. 242789
 Cert. Filed in New York County
 Commission Expires 6-1-23

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)		