



Must be typewritten.

[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	Melo	First Name	Damian	Middle Initial	
Business Name	Ware Malcomb	Business Phone	646 680-7002	Business Fax	
Business Address	45 West 21st Street, 6th Floor			Mobile Phone	
City	New York	State	NY	Zip	10010
E-Mail	dmelo@waremalcomb.com				
License Number	040942	Choose One:	☐ P.E.	☒ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information					
Last Name	Hawn	First Name	Chris	Middle Initial	
Business Name	Charter	Business Phone	404 263-9065	Business Fax	
Business Address	1925 Breckenridge Plaza, Ste 100			Mobile Phone	
City	Duluth	State	GA	Zip	30096
E-Mail	chris.hawn@charter.com				

6 Design Applicant's Statements and Signatures					
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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 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)

Damian Melo

Signature

Date

P.E. / R.A. Seal (Apply Seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures					
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Name (print)

Chris Hawn

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	