



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 Zimmerman First Name Howard Middle Initial _____
 Business Name Howard Zimmerman Arch PC Business Phone 212 564-9393 Business Fax _____
 Business Address 11 West 30 Street Mobile Phone _____
 City New York State NY Zip 10001 E-Mail info@hzimmerman.com
 License Number 014327 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 Lafayette Astor Association Business Phone 212 372-2000 Business Fax _____
 Business Address c/o GFP Real Estate LLC, 125 Park Avenue, 12th Floor Mobile Phone _____
 City New York State NY Zip 10017 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)

Howard Zimmerman
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

Notarization

State of New York, County of _____

Notary Seal

Sworn to or affirmed under penalty of perjury

day of _____ 20

Notary Public Signature

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)		