

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
☐	☐	Mechanical (MH)		☐	Fire Protection Plan (OT/FPP)		☐	Exterior Renovation
☐	☐	Plumbing (PL)		☐	Marquee (OT/MAR)		☐	(Describe) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	REPLACE STAIRS AND TILES 1ST TO 5TH FL	924SF	15		13860
	REPLACE RAILING AT OSP				1000
	MICS WORK				140
			TOTAL JOB COST: \$ 15000		

**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 **HOQUE** First Name **AKM** Middle Initial _____
 Business Name **ASHRAF CORPORATION** Business Phone **(917)406-2885** Business Fax _____
 Business Address **88-11 ELMHURST AVE # E 7** Mobile Phone _____
 City **ELMHURST** State **NY** Zip **11373** E-Mail _____
 License Number **083278** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **KROHN** First Name **HENRY** Middle Initial _____
 Business Name **346 HOLDING LLC** Business Phone _____ Business Fax _____
 Business Address **POBOX 191024 60 ST** Mobile Phone **(917)887-9438**
 City **NEW YORK** State **NY** Zip **11219** E-Mail **ASERVICES152@GMAIL**

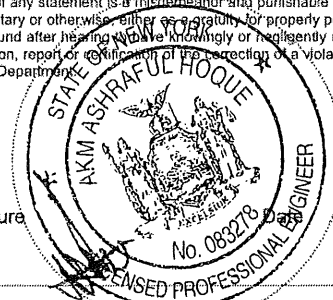
6 Design Applicant's Statements and Signatures

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)

AKM HOQUE

Signature



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)

HENRY KROHN

Signature

Date

07/27/15

Notarization

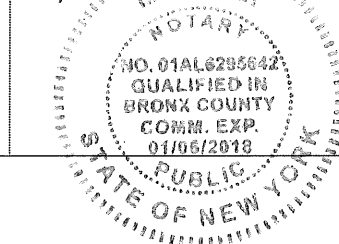
State of New York, County of: *Brooklyn*

Sworn to or affirmed under penalty of perjury

24 day of July 20 15

Notary Public Signature

Notary Seal



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)		