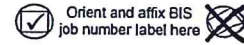




Job Number

Scan Code



3	Cost Details <i>Required for all applications.</i>
---	---

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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
MECHANICAL(MH)	REPLACEMENT OF A/C UNITS	10TONS	3500	35000	35000
			TOTAL JOB COST: \$ 35000		

12/14

4 Design Applicant Information

Last Name **LIOTTA** First Name **VINCENT** Middle Initial **J**
 Business Name **VINCENT J. LIOTTA P. E.** Business Phone **718 472 3506** Business Fax **718 472 4783**
 Business Address **33-21 105 STREET** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11368** E-Mail _____
 License Number **048918** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **BERENSON** First Name **MATTHEW** Middle Initial _____
 Business Name **GW MARKET LLC DBA GOT** Business Phone **(212)716-2522** Business Fax _____
 Business Address **432 PARK AVE** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10016** E-Mail **MBERENSON@GOTHAM**

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)

VINCENT J. LIOTTA P.E.

Signature  Date **8/24/18**
 P.E. / R.A. Seal (apply seal, then sign and date over seal)

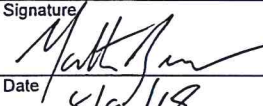
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Name (print)

MATTHEW BERENSON

Signature


 Date **8/9/18**

Notarization

State of New York, County of: **KINGS**

Sworn to or affirmed under penalty of perjury

9th day of **August** 20 **18**

Notary Public Signature



Notary Seal

CYNTHIA L. WEISBERG
 Notary Public State of New York
 No. 01WE6328395
 Qualified in Kings County
 Commission Expires July 27, 2019

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)		