



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	fire escape stair repairs repairs	30	165	4,950	4,950
OT	brick repair and waterproofing at bracket penetrati	12	200	2,400	2,400
	cracked camel-back coping repair	1	450	450	450
	small stone crack repairs with Jahn injection grout	12	90	1,080	1,080
	small stone crack repairs with Jahn repair mortar	12	200	2,400	2,400
	small crack repair at window sill	22	90	1,980	1,980
	remove existing steel window header and replace	1	1500	1,800	1,800
			TOTAL JOB COST: \$ 15,060		

12/14

4 Design Applicant Information

Last Name **SZWEM** First Name **DOROTA** Middle Initial
 Business Name **dorota szwem design studio** Business Phone **914-588-5518** Business Fax
 Business Address **2 WILLIAM STREET, SUITE 202** Mobile Phone
 City **WHITE PLAINS** State **NY** Zip **10601** E-Mail **dszwem@ds2studio.com**
 License Number **027975** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **STERN** First Name **NANCY** Middle Initial
 Business Name **BARBARA STERN LLC** Business Phone **917-447-1990** Business Fax
 Business Address **120 WEST 31ST STREET, 6TH FL.** Mobile Phone
 City **NEW YORK** State **NY** Zip **10024** E-Mail **nancy-stern@hotmail.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)

DOROTA SZWEM, R.A.

Signature

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)

NANCY STERN

Signature

Date

Nancy Stern
 10/26/2018

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.)	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)		