



Scan Code



Orient and affix BIS
job number label here



1A Indicate existing document number
affected by filing:

- | | |
|--|--|
| ☒ Initial Filing 2-7 | Estimated cost of construction |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☐ To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

C.B. No. 101

Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

Yes No

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

Yes No

- ☒ ☐ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☒ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe)

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
General Const (OT)	Partition work at office levels	50 LF	15/ft	750	86650
	Finishes at office levels	1540 sq	25/sq	38500	
	New flooring at residential levels	400 sq	20/sq	8000	
	Partition work at residential levels	60 LF	15/ft	900	
	Finishes at residential levels.	1540 sq	25/sq	38500	
			TOTAL JOB COST: \$ 86650		

**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	Lee	First Name	Max	Middle Initial	
Business Name	Compass Code Consultants	Business Phone	917-620-4590	Business Fax	
Business Address	107 East Broadway, 5th Fl.			Mobile Phone	
City	New York	State	NY	Zip	10002
E-Mail	mlee03@gmail.com				
License Number	079022	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Moon	First Name	Yoonwhe	Middle Initial	
Business Name	Azure Tribeca LLC	Business Phone	212-393-0225	Business Fax	
Business Address	273 Church Street			Mobile Phone	
City	New York	State	NY	Zip	10013
E-Mail	daniel.won.chang@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)

Max Lee

Signature

Date

6/25/2020

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

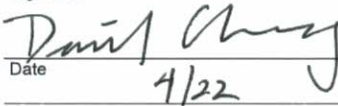
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

Daniel Chang

Signature



Date

4/22

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)		