



NYC
Buildings

Must be typewritten.

☒ Orient and affix BIS
job number label here ☐

[illegible]

**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 Diaz First Name Orlando Middle Initial _____
 Business Name FORM4 Design Studio PLLC Business Phone (212) 500-5973 Business Fax _____
 Business Address 15 Maiden Lane, Suite 1100 Mobile Phone _____
 City New York State NY Zip 10038 E-Mail orlando@eastcoastexpedit
 License Number 029753 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Schochet First Name Seth Middle Initial _____
 Business Name ROC- Lafayette Assoc. LLC Business Phone (212) 835-2436 Business Fax (212) 835-2458
 Business Address 135 East 57th Street, 22nd Floor Mobile Phone _____
 City New York State NY Zip 10022 E-Mail ntchaikowitz@olnick.com

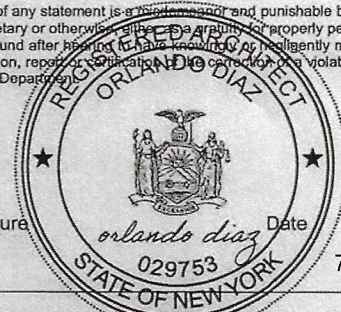
6 Design Applicant's Statements and Signatures

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, or 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)

Orlando Diaz

Signature



Date 7-16-20

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)

Seth Schochet

Signature

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

18th day of August 2020

Notary Public Signature

Notary Seal

VIVIAN MURRAY
 NOTARY PUBLIC, State of New York
 No. 01MU6216946
 Qualified in Suffolk County
 Certificate Filed in New York County
 Commission Expires Feb. 8, 2022

Date

Internal Use Only			
Work Area	PW3 Cost Details Validation		Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original	☐ Revised Cost Needed	
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		