



1 Reason For Filing *Required for **all** applications.*

1A Indicate existing document number
affected by filing:

- ## 2 Location Information *Required for all applications.*

C.B. No. 109

3 Cost Details *Required for all applications.*

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 (\$)
Gen Const	Modify partitions, doors and finish	285 sf	80/sf	22,800	22,800
			TOTAL JOB COST: \$		22,800

12/14

4 Design Applicant Information

Last Name	Guo	First Name	Yao	Middle Initial	W
Business Name	Yao W Guo Architect, PC	Business Phone	917-376-7788	Business Fax	
Business Address	141 West 28 Street	Mobile Phone			
City	New York	State	NY	Zip	10001
E-Mail	yguo@gceng.com				
License Number	028557	Choose One:	☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	David	First Name	Mayra	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	270 Convent Avenue	Mobile Phone			
City	New York	State	NY	Zip	10031
E-Mail					

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)

Yao W Guo

Signature

Date

11/08/20

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.

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Name (print)

Mayra David

Signature

Date

11/06/2020

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

SIGN HERE

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)		