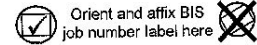




Scan Code



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 (\$)
OT	Demo, Sheetrock, and Finishes	1,192 s.f.	\$125/s.f.	\$149,000	\$149,000
TOTAL JOB COST: \$				149,000	

12/14

4 Design Applicant Information

Last Name **Feuerstein** First Name **Andrew** Middle Initial _____
 Business Name **Group Projects Architecture** Business Phone _____ Business Fax _____
 Business Address **126 13th St, #4L** Mobile Phone **(917) 574-2097**
 City **Brooklyn** State **NY** Zip **11215** E-Mail **andrew@group-projects.n**
 License Number **035187** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Danielle** First Name **Motelow** Middle Initial _____
 Business Name **N/A** Business Phone _____ Business Fax _____
 Business Address **413 Grand Street #F901** Mobile Phone **(646) 251-5889**
 City **New York** State **NY** Zip **10002** E-Mail **danielle8@gmail.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)

Andrew Feuerstein

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)

Danielle Motelow

Signature

Date

Notarization

State of New York, County of: **NEW YORK**

Sworn to or affirmed under penalty of perjury

1st day of **APRIL** 20 **22**

Notary Public Signature

Notary Seal

SCOTT G KYI
 Notary Public, State of New York
 01KY6389391
 Qualified in New York County
 Commission Expires March 25, 2023

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)		