



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) <u>TPP</u>
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT-TPP	Filing Tenant Protection Plan in conjunction with		\$1000	\$1000	\$1000
	NB #121189436				
			TOTAL JOB COST: \$ 1000		

12/14

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name	Witek	First Name	Michael	Middle Initial
Business Name	1165 Madison Ave Owner llc	Business Phone	2127599777	Business Fax
Business Address	152 West 57 Street	Mobile Phone		
City	New York	State	NY	Zip
			10019	E-Mail
				mwitek@naftaligroup.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)

Signature

Date

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)

Michael Witek

Signature

Date

1/21/2025

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

21st day of January 2025

Notary Public Signature

Notary Seal

BEATRICE BAREMBOYM
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01BA0000730
Qualified in Kings County
Commission Expires 02/06/2027

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)		