



**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 Clancy First Name James Middle Initial A
 Business Name James A Clancy Business Phone 856-712-2166 Business Fax 856-358-1511
 Business Address 409 N Main St Mobile Phone _____
 City Elmer State NJ Zip 08318 E-Mail _____
 License Number 084288 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Christe First Name Michael Middle Initial _____
 Business Name Columbus Ave REdevelopment CO Business Phone _____ Business Fax _____
 Business Address 73 W 105th St Mobile Phone _____
 City New York State NY Zip 10027 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 this certification, 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)

James A Clancy

Signature

Date 1/12/2023

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 Christie

Signature

Michael Christie

Date 1/20/2023

Notarization

State of New York, County of: Cape May

Sworn to or affirmed under penalty of perjury

20 day of JAN 2023

Notary Public Signature

Notary Seal

Amy Serra
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES SEPT. 26, 2026

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