



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) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
FB	Emergency generator	1	205.00	205.00	205.00
FB	BURNERS	1	130.00	130.00	130.00
			TOTAL JOB COST: \$ 335.00		

**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	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	WAGNER	First Name	JOSEPH	Middle Initial
Business Name	DCAS	Business Phone	212-386-0481	Business Fax
Business Address	1 CENTRE STREET			Mobile Phone
City	N.Y.	State	N.Y.	Zip
			10007	E-Mail
				jwagner@dcas.gov

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)

JOSEPH WAGNER

Signature

Joseph Wagner

Date 12/11/2024

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

11th day of December 2024

Notary Public Signature

Notary Seal

12-11-24

JAIME BOCANUMENTH
Commissioner of Deeds, City of New York
No. 4-4623
Cert. Filed in Queens County
Commission Expires on 07-01-2025

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)		



Design Professional/Licensee Form Seal and
Signature Form For DOB NOW (DPL-1 Form)

1 Personal Information <i>Required for all applications filed in DOB NOW</i>			
Last Name Wagner		First Name Joseph	Middle Initial
Business Name DCAS		Business Telephone 212-386-0481	
Business Address 1 Centre Street 18th Floor		Business Fax	
City New York	State NY	Zip 10007	Mobile Telephone
E-Mail jwagner@dcas.nyc.gov		License Number (for existing licensees only) 064345	
Choose one:			
☐ Electrical Contractor		☒ Professional Engineer	
☐ Gas Work Qualification Only*		☐ Registered Architect	
☐ Journeyman Fire Suppression Contractor*		☐ Registered Landscape Architect	
☐ Journeyman Plumber*		☐ Welder*	
☐ Master Fire Suppression Contractor			
☐ Master Plumber			
☐ Oil Burner Installer			

*NO seal is required for the Journeyman, Gas Qualification and Welder trades.

2 Seal and Signature Statement

By personally sealing and signing this document and then submitting a scanned copy to the Department of Buildings, I intend for the image of this seal and signature to be used as my official professional seal and signature where I so indicate in electronic documents to be submitted to the Department of Buildings.

This form shall expire one year from the date signed and sealed below.

Joseph Wagner

Name (printed)

12/5/24

Date



Affix seal and signature in accordance with all regulations applicable when applying signature and seal to official documents filed with the Department of Buildings.
*Seal not required (signature only).