



2	Location Information <i>Required for all applications.</i>
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3	Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
CONST.(OT)	INSTALL GWB PARTITIONS, DOORS,CEILING				
	AND FLOORING	62 kSF	20/SF	1,240,000	1,240,000
MECH. (MH)	INSTALL MECHANICAL EQUIPMENT AND AIR				
	HANDLERS,EXHAUST FANS, FAN COIL UNITS				
	EXPANSION TANKS, OIL PIPING, HEAT				
	RECOVERY UNIT AND HEAT EXHACHER	62KSF	\$12 SF	744,000.	744,000.
PLUMB. (PL)	INSTALL PIPING AND PLUMBING FIXTURES	62KSF	3.22 SF	200,000.	200,000.
SPRINKLER (SP)	INSTALL HEADS & PIPING FROM FLOOR				
	VALVE	890 HDS	333/HD	296,000.	296,000.
			TOTAL JOB COST: \$ 2,480,000.		

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	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
		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)

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)

JOHN LEMBO

Signature

Date

1/6/2023

Notarization

State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

6th day of January 20 23

Notary Public Signature

Brenda D. Barbée

Notary Seal
 BRENDA D. BARBEE
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01BA6062808
 Qualified in Westchester County
 Commission Expires August 20, 2025

BRENDA D. BARBEE
 NOTARY PUBLIC, STATE OF NEW YORK
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 Commission Expires August 20, 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)		