



Must be typewritten.

 Orient and affix BIS
job number label here



DEPT OF BLDGS240075208

Job Number



ES110831042

Scan Code

3 Cost Details Required for **all** applications.

Categories of Work (Must match all applicable categories indicated on PW1.)

Categories of Work		(Must match all applicable categories indicated on PW1.)	
Yes	No	Yes	No
☐	☒	Boiler (BL)	☒
☐	☒	Fire Alarm (FA)	☒
☐	☒	Fuel Burning (FB)	☒
☐	☒	Fuel Storage (FS)	☒
☐	☒	Fire Suppression (FP)	☒
☐	☒	Mechanical (MH)	☒
☐	☒	Standpipe (SP)	☒
☐	☒	Sprinkler (SP)	☒
☐	☒	Signs (SG)	☒
☐	☒	Other (OT)	☒
☐	☒	Antenna (OT/ANT)	☐
☐	☒	Marquee (OT/MAR)	☐
☐	☒	(Describe)	☐
☐	☒	General Construction (OT)	☒
☐	☒	Partial Demolition	☐
☐	☒	Non-Structural Demolition	☐
☐	☒	Structural Work	☐
☐	☒	Interior Renovation	☐
☐	☒	Exterior Renovation	☐
☐	☒	(Describe) OT	☐

[illegible]

*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. For enlargements, only items associated with work performed in the existing area should be listed.

4 Design Applicant Information

Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____
 Last Name ALLEN First Name PATRICK Middle Initial E

Business Name Patrick E. Allen Architect PC Business Phone Business Fax

Business Address 805 EAST 163 STREET Mobile Phone

City BRONX State NY Zip 10456 E-Mail

5 Owner/Lease Holder Information

Choose One: ☒ Owner ☐ Lease Holder
 Last Name VAVOLIZZA First Name NORMA Middle Initial R

Business Name N/A Business Phone Business Fax

Business Address 1031 HOLLYWOOD AVENUE Mobile Phone

City BRONX State NY Zip 10456 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 having received a 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)

PATRICK E. ALLEN

Signature

Date

P.E. / R.A. Seal (apply 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)

NORMA R VAVOLIZZA

Signature

Date

Norma Vavolizza
Oct 10, 2014

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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