



Must be typewritten.

☒ Orient and affix BIS
job number label here ☐

1A Indicate existing document number
affected by filing:

- | | |
|--|--|
| ☒ Initial Filing 2-7 | Estimated cost of construction |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☐ To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

C.B. No. 204

☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

☐ Partial Demolition
☐ Non-Structural Demolition
☐ Structural Work
☐ Interior Renovation
☐ Exterior Renovation
☒ (Describe) CHIMNEY BRACKETS

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	INSTALL NEW CHIMNEY BRACKETS	ONE	3,000	3,000	3,000
			TOTAL JOB COST: \$ 3,000		

12/14

4 Design Applicant Information

Last Name **BAZINI** First Name **JOSEPH** Middle Initial **D.**
 Business Name **BAZINI ENGINEERING, P.C.** Business Phone **(516)502-4837** Business Fax **(516)502-4839**
 Business Address **514 MEACHAM AVENUE** Mobile Phone _____
 City **ELMONT** State **NY** Zip **11003** E-Mail _____
 License Number **087678** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **WEIL** First Name **JACK** Middle Initial _____
 Business Name **985 SUMMIT AVENUE LLC** Business Phone **646-261-8733** Business Fax _____
 Business Address **1340 53RD STREET** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11219** 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 is 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)
JOSEPH D. BAZINI

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder'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 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)

JACK WEIL

Signature

Date

Notarization

State of New York, County of: **Kings**

Sworn to or affirmed under penalty of perjury

14th day of **Aug** 20 **17**

Notary Public Signature

Notary Seal

C. SARA HOFFMAN
 Notary Public State of New York
 No. 01HO6158924
 Qualified in Kings County
 Commission Expires 01/16/20 **19**

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)		