



Must be typewritten.

DEPT BROS CO

Scan Code ESHS8371157

**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 _____ E-Mail _____
 License Number _____ Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name STAHL First Name MOSHE Middle Initial _____
 Business Name BRONX 1473 - 1479 AVE L.P. Business Phone 212-613-1700 Business Fax _____
 Business Address P.O. BOX 967 Mobile Phone _____
 City NEW YORK State NY Zip 10272 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) Moshe StahlSignature [Signature]

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)
 MOSHE STAHL
 Signature

[Signature]

Notarization
 State of New York, County of:
 Sworn to or affirmed under penalty of perjury

25 day of June 20 19

Notary Public Signature

[Signature]

Notary Seal

AYALA OSTROW
 Notary Public, State of New York
 Reg. No. 010S6379692
 Qualified in Queens County
 Commission Expires 08/20/2022

Date
 6.25.19

AUTHORIZED
SIGNATURE

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)		