

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
General Const.	Reconstruction of building interior walls, ceilings, floors, and doors for fire damaged bldg.				
	Basement	3,533 SF	70	247,310	
	First Floor	3,403 SF	70	238,210	
	Second Floor	3,403 SF	70	238,210	
	Third Floor	3,403 SF	70	238,210	
	Fourth Floor	3,403 SF	70	238,210	
	Fifth Floor	3,403 SF	70	238,210	
	Roof	400 SF	70	28,000	
					1,466,360
			TOTAL JOB COST: \$ 1,466,360		

12/14

4 Design Applicant Information

Last Name Zimmerman First Name Howard Middle Initial _____
 Business Name Howard Zimmerman Architect Business Phone 212-564-9393 Business Fax _____
 Business Address 11 West 30 Street Mobile Phone _____
 City New York State NY Zip 10001 E-Mail _____
 License Number 014327 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

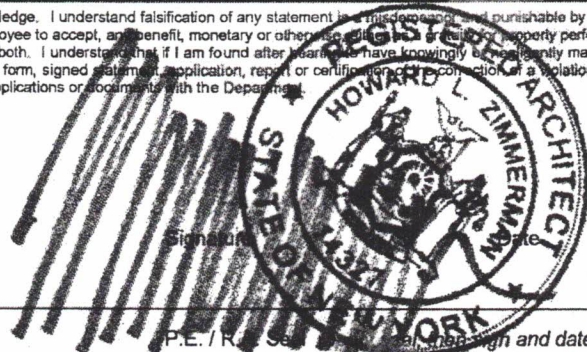
Last Name Gabriel First Name Frank Middle Initial _____
 Business Name 225 McClellan Realty LLC Business Phone 718-863-2558 Business Fax _____
 Business Address 1919 Williamsbridge Road Mobile Phone _____
 City Bronx State NY Zip 10461 E-Mail fgabes@msn.com

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)

Howard Zimmerman



P.E. / R.A. Seal (Notary Seal and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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Name (print)

Frank Gabriel

Signature

Date

6/19/20

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.)	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)		