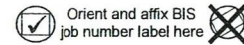




Job Number

Scan Code



|   |                                                           |
|---|-----------------------------------------------------------|
| 3 | <b>Cost Details</b> <i>Required for all applications.</i> |
|---|-----------------------------------------------------------|

Yes No

- Yes No

- Yes No

- ☒ ☐ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☒ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe)

*\*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        | Gordon                        | First Name     | Warren                                   | Middle Initial                |                                                                                     |
| Business Name    | Professional Engineer Service | Business Phone | 718 881 5695                             | Business Fax                  |                                                                                     |
| Business Address | 1066 East 233 Street          | Mobile Phone   |                                          |                               |                                                                                     |
| City             | Bronx                         | State          | NY                                       | Zip                           | 10466                                                                               |
| License Number   | 070452                        | Choose One:    | <input checked="" type="checkbox"/> P.E. | <input type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                     |                |              |                |       |
|------------------|---------------------|----------------|--------------|----------------|-------|
| Last Name        | Bajraktari          | First Name     | Gani         | Middle Initial |       |
| Business Name    | Bajraktari Realty   | Business Phone | 914 804 9360 | Business Fax   |       |
| Business Address | 617 East 188 Street | Mobile Phone   |              |                |       |
| City             | Bronx               | State          | NY           | Zip            | 10458 |
| 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)

Warren Gordon

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)

Gani Bajraktari

Signature

Date

8/24/2020

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:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |