

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail

5 Owner/Lease Holder Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
		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)

Signature

Date

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.*

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Name (print)

Heywood Blaufeux

Signature

Date

3/2/16

Notarization

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

Sworn to or affirmed under penalty of perjury

2ND day of **MARCH** 20**16**

Notary Public Signature

Notary Seal

SANDRA SWIFT
 Commissioner, City of New York
 Commission Expires October 1, 2016

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)		



PW3: Cost Affidavit

Must be typewritten.

[illegible]

List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PWS 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 InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **7878**Last Name **Blaufeux**First Name **Heywood**

Middle Initial _____

Business Name **Maxfield Blaufeux & Heywood**Business Phone **718-875-2113**

Business Fax _____

Business Address **104 Hoyt St.**

Mobile Phone _____

City **Brooklyn**State **NY**Zip **11217**

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name **Carquis**First Name **Maria**Middle Initial **C**Business Name **Criswood Development Corp**Business Phone **718-875-2113**

Business Fax _____

Business Address **104 Hoyt St.**

Mobile Phone _____

City **Brooklyn**State **NY**Zip **11217**

E-Mail _____

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Name (print)

Heywood Blaufeux

Signature



Heywood Blaufeux 7/15/14
P.E. / R.A. Seal (Apply seal, sign and date over seal)

7 Owner/Lease Holder's Statements and Signatures. Notary seal required when submitting to obtain Sign-off.

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Name (print)

HEYWOOD BLAUFEX

Notarization

State of New York, County of **KINGS**

Notary Seal

Sworn to or affirmed under penalty of perjury

Date **15 day of JULY 2014**

Notary Public Signature

SUSAN A. TULLY
NOTARY PUBLIC STATE OF NEW YORK
QUEENS COUNTY
LIC. #00181-000001
COMM. EXP. 08/31/15

Internal Use Only

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