



Must be typewritten.

Scan Code ESHS4910939

Actual construction cost of completed work

C.B. No. 311

☐ ☒ 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	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 Cillo	First Name Anthony	Middle Initial
Business Name Verizon Wireless	Business Phone 212-246-5111	Business Fax
Business Address 4 Centerock Rd	Mobile Phone	
City West Nyack	State NY	Zip 10994
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

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Name (print)

Anthony Cillo

Signature

Date
6/13/2017

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

13th day of June 20 17

Notary Public Signature

Notary Seal

LINDA MONTEMARANO
Notary Public, State of New York
No. 01MO4998734
Qualified in New York County
Commission Expires May 26, 2017

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)		