



Scan Code



**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 **ESTRELLA** First Name **FRANKLYN** Middle Initial
 Business Name **N/A** Business Phone **718-782-4292** Business Fax
 Business Address **239 SOUTH 4TH STREET** Mobile Phone **917-578-5996**
 City **BRROKLYN** State **NY** Zip **11216** E-Mail **franklinestrella@aol.com**
 License Number **020842** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **YIZHAK** First Name **BEN-ABOU** Middle Initial
 Business Name **N/A** Business Phone **718-288-2425** Business Fax
 Business Address **5715 18TH AVE** Mobile Phone
 City **BROOKLYN** State **NY** Zip **11213** E-Mail **KOLTUV@GMAIL.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 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)

FRANKLYN ESTRELLA

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.*

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)

BEN-ABOU YIZHAK

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

30 day of 20 22
Notary Public Signature

Notary Seal

Joseph Katzoff
 Notary Public State of New York
 Qualified in Kings County No. 24-6013359
 Commission Expires September 14, 2022

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)		