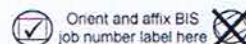
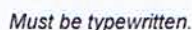




Scan Code



Categories of Work (Must match all applicable categories indicated on PW1.)

Yes	No	Yes	No	Yes	No
☐	☒	☐	☒	☐	☒
	Boiler (BL)		Standpipe (SD)		General Construction (OT)
☐	☒	☐	☒	☐	☐
	Fire Alarm (FA)		Sprinkler (SP)		Partial Demolition
☐	☒	☐	☒	☐	☐
	Fuel Burning (FB)		Signs (SG)		Non-Structural Demolition
☐	☒	☒	☐	☐	☐
	Fuel Storage (FS)		Other (OT)		Structural Work
☐	☒		☐	☐	☐
	Fire Suppression (FP)		Antenna (OT/ANT)		Interior Renovation
☐	☒		Marquee (OT/MAR)	☐	☐
	Mechanical (MH)		(Describe) <u>SOLAR</u>	☐	Exterior Renovation
☐	☒			☐	(Describe) _____
	Plumbing (PL)				

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	SOLAR PANELS			\$12000	\$12000
			TOTAL JOB COST: \$ 12000		

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. 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 086455Last Name ALBANNAFirst Name ZAKI

Middle Initial _____

Business Name ALBANNA ENGINEERINGBusiness Phone 718.238.1770Business Fax 718.238.1771Business Address 140 67TH STREET

Mobile Phone _____

City BROOKLYNState NYZip 11220E-Mail zaki@albannapc.com**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name GONZALEZFirst Name WILLIAM

Middle Initial _____

Business Name N/ABusiness Phone 718.439.5765

Business Fax _____

Business Address 649 90TH STREET

Mobile Phone _____

City BROOKLYNState NYZip 11228E-Mail w.gonzalez21@yahoo.co**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)

ZAKI ALBANNA

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)

WILLIAM GONZALEZ

Notarization

State of New York, County of: _____

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

day of

20

Date

Notary Public Signature

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		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		