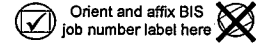




Scan Code



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

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
☐	☒	Mechanical (MH)		☐	Marquee (OT/MAR)		☐	☐ Exterior Renovation
☐	☒	Plumbing (PL)		☐	(Describe) _____		☐	(Describe) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
SP	Install new sprinkler system throughout new townhouse in conjunction with NB 320577568			1000	1000
			TOTAL JOB COST: \$ 1000		

1/10

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **065040**Last Name **Rodkin**First Name **Semyon**

Middle Initial _____

Business Name **Rodkin Cardinale, P.C.**Business Phone **212.239.1892**Business Fax **212-239-6212**Business Address **224 West 29th St. 4th. Floor**

Mobile Phone _____

City **NY**State **NY**Zip **10001**E-Mail **srodkin@rcmep.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Levine**First Name **Benjamin**

Middle Initial _____

Business Name **Douglaston Development**Business Phone **916-359-5205**

Business Fax _____

Business Address **42-09 235 Street**

Mobile Phone _____

City **Douglaston**State **NY**Zip **11363**E-Mail **blevine@ddny.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)

Semyon Rodkin

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)

Benjamin Levine

Signature

Date

Notarization

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

Sworn to or affirmed under penalty of perjury

6 day of **June** 20 **14**

Notary Public Signature

Notary Seal

IRENE JOYCE BERZAK-SCHOEN
 Commissioner of Deeds, City of New York
 No. 1-2896
 Cert. Filed in New York County
 Commission Expires on Oct 1, 2015

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)		