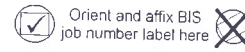




Scan Code



3	Cost Details Required for all applications.
---	--

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)	☐	☐	Fire Protection Plan (OT/FPP)	☐	☐	Exterior Renovation
☐	☐	Plumbing (PL)	☐	☐	Marquee (OT/MAR)	☐	☐	(Describe) _____
			☐	☐	(Describe)			

[illegible]

12/14

4 Design Applicant Information

Last Name **SANDWIPI** First Name **KAISER** Middle Initial
 Business Name **ENGNSOL ENGINEERING** Business Phone **718-576-3225** Business Fax **718-462-2493**
 Business Address **60 SACKETT ST** Mobile Phone
 City **BROOKLYN** State **NY** Zip **11231** E-Mail
 License Number Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **DI MILIA** First Name **JOHN** Middle Initial
 Business Name **JOMAR ASSOCIATES** Business Phone **718-254-0580** Business Fax **718-254-0019**
 Business Address **161 ATLANTIC AVE** Mobile Phone
 City **BROOKLYN** State **NY** Zip **11201** 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 is 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)

KAISER SANDWIPI

Signature



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, 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)

JOHN DI MILIA

Signature

Date

John Di Milia
Sept 30/16

Notarization

State of New York, County of: *Kings*

Sworn to or affirmed under penalty of perjury

26th day of *September* 20*16*

Notary Public Signature

LYNN DOWNING

Notary Seal

LYNN DOWNING

NOTARY PUBLIC-STATE OF NEW YORK

No. 01DO6227444

Qualified in Richmond County

My Commission Expires August 30, 2018

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)		