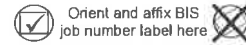




Scan Code



Actual construction cost of completed work

C.B. No. 307

☐ ☒ General Construction (OT)

- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe)

12/14

4 Design Applicant Information

Last Name **Megalla** First Name **Michael** Middle Initial
 Business Name **Michael Megalla, P.E.** Business Phone **917-428-1758** Business Fax
 Business Address **1157 Summit Ave** Mobile Phone **917-428-1758**
 City **Jersey City** State **NJ** Zip **07307** E-Mail **mimaem@msn.com**
 License Number **074866** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **Taveras** First Name **Eligio** Middle Initial
 Business Name **4510 5th Ave., LLC** Business Phone **917-445-1988** Business Fax
 Business Address **4510 5th Ave** Mobile Phone
 City **Brooklyn** State **NY** Zip **11220** E-Mail **dtaveras42@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)

Michael Megalla

Signature

Date

P.E./R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder'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 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)

Eligio Taveras

Signature

Date

03/28/17

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

28 day of **March** 20 **17**

Notary Public Signature

Deborah Gonzalez

Notary Seal

DEBORAH GONZALEZ**NOTARY PUBLIC-STATE OF NEW YORK****No. 01GO6330459****Qualified in Queens County****My Commission Expires September 14, 2019****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)		