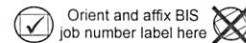




Scan Code



**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	WILLIAMS	First Name	STEVEN	Middle Initial	D
Business Name	Superior-Home Inspection Sv	Business Phone	516.587.2405	Business Fax	718.470.2376
Business Address	114-17 FRANCIS LEWIS BLVD			Mobile Phone	
City	QUEENS	State	NY	Zip	11411
E-Mail	yhwhyawsha@gmail.com				
License Number	077938	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	TANNER	First Name	CELESTINE	Middle Initial	
Business Name	N/A	Business Phone	9173183755	Business Fax	
Business Address	432 STATE STREET			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11217
E-Mail	phe1031@aol.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 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)

STEVEN WILLIAMS, P.E.

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)

CELESTINE TANNER

Signature

Date

12/7/20

Notarization

State of New York, County of: *KINGS*

Sworn to or affirmed under penalty of perjury

7 day of *December* 20

Notary Public Signature

Notary Seal



Inna Klyarfeld
Notary Public - State of New York
No. 01KL5058077
Qualified in Kings County
My Commission Expires April 1, 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)		