



☒ Orient and affix BIS
job number label here ☐

1 Reason For Filing Required for all applications.

1A Indicate existing document number
affected by filing:

- | Estimated cost of construction | Estimated cost of construction | Estimated cost of construction | Actual construction cost of completed work |
|--------------------------------|--------------------------------|--------------------------------|--|
| | | | |

House No(s)	117	Street Name	Sutter Avenue		
Borough	Brooklyn	Block	3517	Lot	83
			BIN	3255214	C.B. No. 316

Yes No

- Yes No**

- Yes No

- ☐ ☒ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe)

*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	Dunzik	First Name	Daniel	Middle Initial	
Business Name	N/A	Business Phone	908-872-3664	Business Fax	
Business Address	370 Burnt Hill Road			Mobile Phone	
City	Skillman	State	NJ	Zip	08558
License Number	039534	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail	

5 Owner/Lease Holder Information

Last Name	Tabb	First Name	Barry	Middle Initial	
Business Name		Business Phone	347-365-2263	Business Fax	
Business Address	117 Sutter Avenue			Mobile Phone	
City	Brooklyn	State	NY	Zip	11212
					E-Mail permits@momentumsolar.com

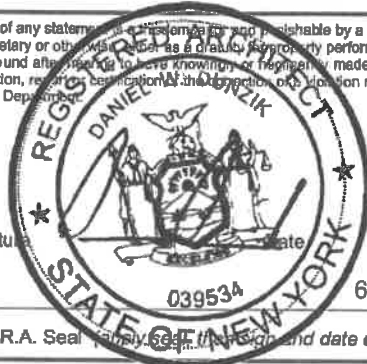
6 Design Applicant's Statements and Signatures

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)

Daniel Dunzik

Signature



P.E. / R.A. Seal (only seal if not 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)
Barry Tabb

Signature

Signature: *Barry Tabb*
Date: 6/11/2021

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

11th day of June 2021
Notary Public Signature: *Erica S. Drake*

Notary Seal

ERICA S. DRAKE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 9/4/2023

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)		