



Must be typewritten.

DEPT BLDGS Job No. 420608499

Scan Code ESHS9256082

Actual construction cost of completed work

C.B. No. 411

**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 **BAZINI** First Name **JOSEPH** Middle Initial **D.**
 Business Name **BAZINI ENGINEERING, P.C.** Business Phone **(516)502-4837** Business Fax **(516)502-4839**
 Business Address **514 MEACHAM AVENUE** Mobile Phone _____
 City **ELMONT** State **NY** Zip **11003** E-Mail _____
 License Number **087678** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DEE-ROSS** First Name **RITA** Middle Initial _____
 Business Name **HOLLIS CO OWNERS CORP** Business Phone **718-631-1117** Business Fax _____
 Business Address **213-09 73RD AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11364** 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 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)
JOSEPH D. BAZINI

Signature

Date

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

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)
RITA DEE-ROSS

Signature

Rita Dee-Ross Pres.

Date

2-17-16

Notarization

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

Sworn to or affirmed under penalty of perjury

17 day of **Feb.** **2016**

Notary Public Signature

Joanna Marciniak

Notary Seal

JOANNA MARCINIEC
Notary Public - State of New York
No. 01MA6276918
Qualified in Queens County
My Commission Expires Feb. 25, 2017

FOR OWNER

← NOTARIZE HERE

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)		