



Scan Code ESHS3021009

*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	Santelli	First Name	Kenneth	Middle Initial	A
Business Name	Lawless & Mangione Architects	Business Phone	914 423-8844	Business Fax	
Business Address	480 North Broadway			Mobile Phone	
City	Yonkers	State	NY	Zip	10701
E-Mail					
License Number	028770	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Tambini	First Name	Joyce	Middle Initial	
Business Name	18-15 215th Street Owners Corp.	Business Phone	718 279-2626	Business Fax	718-279-3835
Business Address	18-15 215th Street			Mobile Phone	
City	Bayside	State	NY	Zip	11360
E-Mail	ggaffney@metromanagementdev.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.

Sign/Seal/Date →

Name (print)

Kenneth Santelli

Signature

Date

3/18/15

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)
Joyce TambiniNotarization
State of New York, County of: Queens
Sworn to or affirmed under penalty of perjury

Notary Seal
SANDRA GUTIERREZ
NOTARY PUBLIC-STATE OF NEW YORK
No. 01906259430
Qualified in Queens County
My Commission Expires 4/9/16

Signature

Joyce Tambini
Date 3/19/2015

19 day of March 20 15
Notary Public Signature *Sandra Gutierrez*

Sign ONLY

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)		