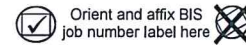




Scan Code



2	Location Information <i>Required for all applications.</i>
---	---

House No(s)	326 Gar	Street Name	Kenmore Road	
Borough	Queens	Block	8017	Lot 19
			BIN 4870560	C.B. No. 411

3	Cost Details <i>Required for all applications.</i>
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Categories of Work *(Must match all applicable categories indicated on PW1.)*

Yes	No		Yes	No		Yes	No	
☐	☒	Boiler (BL)	☐	☒	Standpipe (SD)	☒	☐	General Construction (OT)
☐	☒	Fire Alarm (FA)	☐	☒	Sprinkler (SP)		☐	Partial Demolition
☐	☒	Fuel Burning (FB)	☐	☒	Signs (SG)		☐	Non-Structural Demolition
☐	☒	Fuel Storage (FS)	☐	☒	Other (OT)		☐	Structural Work
☐	☒	Fire Suppression (FP)		☐	Antenna (OT/ANT)		☒	Interior Renovation
☐	☒	Mechanical (MH)		☐	Fire Protection Plan (OT/FPP)		☐	Exterior Renovation
☒	☐	Plumbing (PL)		☐	Marquee (OT/MAR)		☐	(Describe) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Plumbing	Removal of existing plumbing fixtures				15,000
Gen. Construction	Removal of interior non-load bearing partitions				30,000
			TOTAL JOB COST: \$ 45,000		

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	Filletti	First Name	Victor	Middle Initial	
Business Name	T.F. Cusanelli & Filletti Arch.	Business Phone	201-384-9555	Business Fax	201-384-5355
Business Address	143 Terrace Street	Mobile Phone			
City	Haworth	State	NJ	Zip	07641
E-Mail	tfcnj@optonline.net				
License Number	029297	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Difonzo	First Name	Michael	Middle Initial	
Business Name	383 Saratoga Ave Corp.	Business Phone		Business Fax	
Business Address	40-05 Crescent Street	Mobile Phone			
City	Long Island City	State	NY	Zip	11101
E-Mail	greg@centralcmlc.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)

Victor A. Filletti

Signature

Date

[Signature] *10/27/25*

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)

Michael Difonzo

Signature

Date

10/27/25

Notarization

State of New Jersey, County of:

Sworn to or affirmed under penalty of perjury

27TH day of *OCTOBER* 20 *25*

Notary Public Signature

Notary Seal

THOMAS F. CUSANELLI
Commission # 2460187
Notary Public, State of New Jersey
My Commission Expires
June 23, 2026

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)		