



DEPT OF BLDGS421417121

Job Number

ES277508076

Scan Code



Scan Code

ESHS5590361

Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

- Yes No**

- ☒ ☒ Standpipe (SD)
☒ ☐ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

- Yes No**

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

***Use 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	Lee	First Name	David	Middle Initial	
Business Name	Capitol Fire Sprinkler Co., Inc.	Business Phone	718-533-6800	Business Fax	718-457-8989
Business Address	51-51 Place	Mobile Phone			
City	Woodside	State	NY	Zip	11377
License Number	017642	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail	AdamL@capitolfire.com

5 Owner/Lease Holder Information

Last Name	Jaber	First Name	Farid	Middle Initial	
Business Name	99 GGS Realty Corp	Business Phone		Business Fax	
Business Address	30-08 30th Avenue	Mobile Phone	7187212437		
City	Astoria	State	NY	Zip	11102
				E-Mail	Farid@Verizon.net

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)

David Lee

Signature

Date

8/17/23

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)

Farid Jaber

Signature

Date

7/25/23

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

25th day of July 2023

Notary Public Signature

Notary Seal

Rocio Arevalo
Notary Public, State of New York
Reg. No. 01AR6386172
Qualified in Queens County
Commission Expires January 22, 2027

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)		