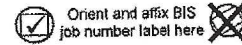




Scan Code



2	Location Information	Required for all applications.
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3	Cost Details	Required for all applications.
---	--------------	--------------------------------

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) <u>Legalization</u>
			☐		
			(Describe)		

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Legalization of spa/fitness center at cellar level	1	95,000.00	95,000.00	95,000.00
PL	Legalization of bathrooms and sauna area	1	25,000.00	25,000.00	25,000.00
			TOTAL JOB COST: \$ 120,000.00		

12/14

4 Design Applicant Information

Last Name Madden First Name William Middle Initial _____
 Business Name William Madden Consult. Eng. Business Phone 914-539-5996 Business Fax _____
 Business Address 96 Linwood Pl., Rte 9W #287 Mobile Phone _____
 City Fort Lee State NJ Zip 07024 E-Mail wmddn@gmail.com
 License Number 63293 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Randell First Name Gregg Middle Initial _____
 Business Name Amversev Assoc Business Phone 7182249625 Business Fax _____
 Business Address 18-15 215th Street Mobile Phone _____
 City Queens State NY Zip 11360 E-Mail amversev@aol.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)

William Madden, PE

Signature

Date

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)

Gregg Randell

Signature

Date

10-31-21

Notarization

State of New York, County of: QUEENS

Sworn to or affirmed under penalty of perjury

31ST day of OCTOBER 2021

Notary Public Signature

Rolinda Antone

Notary Seal

ROLINDA ANTONE

Notary Public, State of New York

Qualified in Queens County

No.01AN5022138

My Commission Expires 01/03/2022

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)		