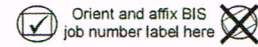




Scan Code



**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 **CRUZ** First Name **FABIAN** Middle Initial **A**
 Business Name **FABIAN CRUZ PE PLLC** Business Phone **9176573387** Business Fax **3477324305**
 Business Address **8-03 COLLEGE POINT BLVD.** Mobile Phone **9176573387**
 City **COLLEGE POINT** State **NY** Zip **11356** E-Mail **fcruz@fc-engineers.com**
 License Number **084072** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **MURTHA** First Name **HARVEY** Middle Initial _____
 Business Name **YEVRAH CORP** Business Phone **8002210142** Business Fax _____
 Business Address **34-47 COLLINS PLACE** Mobile Phone _____
 City **FLUSHING** State **NY** Zip **11354** E-Mail **NYAR8@GMAIL.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)

FABIAN CRUZ

Signature

Date

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)

HARVEY MURTHA

Signature

Date

Harvey Murtha
 1-12-2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

12th day of January 20 21

Notary Public Signature

[Signature]

Notary Seal

SOK NGEE NG
 Notary Public, State of New York
 No. 01NG6211032
 Qualified in Queens County
 Commission Expires September 8, 2021

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)		