

3	Cost Details <i>Required for all applications.</i>
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☒ ☐ General Construction (OT)

☒ Partial Demolition

☐ Non-Structural Demolition

☒ Structural Work

☒ Interior Renovation

☒ Exterior Renovation

☒ (Describe) 1 Story Addition

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	Vennera	First Name	Vincent	Middle Initial	
Business Name	58 PLACE REALTY LLC	Business Phone	(646) 772-0960	Business Fax	
Business Address	56-02 ARNOLD AVE	Mobile Phone			
City	MASPETH	State	NY	Zip	11378
E-Mail	vincent@vanquishcontract				

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



8/3/2020

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)

Vincent Vennera

Signature

Date

8/7/20

Notarization

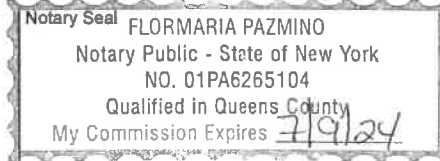
State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

4th day of August 2020

Notary Public Signature

Notary Seal

**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)		