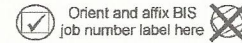




Job Number

Scan Code



Orient and affix BIS
job number label here

1	Reason For Filing Required for all applications.																																																																																																																																				
Reason for filing cost affidavit: ☒ Initial Filing 2-7 ☐ Prior to Approval Actions 1A, 2-7 ☐ Post Approval Amendment (PAA) 1A, 2-7 ☐ To obtain Sign-off 2-3, 5, 7																																																																																																																																					
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1A Indicate existing document number affected by filing: _____																																																																																																																																					
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House No(s) 32-14 Street Name 36th Ave.																																																																																																																																					
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Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. "Yes" or "No" must be specified for each "Category of Work" listed below. Categories of Work (Must match all applicable categories indicated on PW1.) <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Yes No ☐ ☒ Boiler (BL) ☐ ☒ Fire Alarm (FA) ☐ ☒ Fuel Burning (FB) ☐ ☒ Fuel Storage (FS) ☐ ☒ Fire Suppression (FP) ☐ ☒ Mechanical (MH) ☐ ☒ Plumbing (PL) </td> <td style="vertical-align: top;"> Yes No ☐ ☒ Standpipe (SD) ☐ ☒ Sprinkler (SP) ☐ ☒ Signs (SG) ☐ ☒ Other (OT) ☐ Antenna (OT/ANT) ☐ Marquee (OT/MAR) ☐ (Describe) _____ </td> <td style="vertical-align: top;"> Yes No ☒ ☐ General Construction (OT) ☐ Partial Demolition ☐ Non-Structural Demolition ☐ Structural Work ☐ Interior Renovation ☒ Exterior Renovation ☐ (Describe) _____ </td> </tr> </table>		Yes No ☐ ☒ Boiler (BL) ☐ ☒ Fire Alarm (FA) ☐ ☒ Fuel Burning (FB) ☐ ☒ Fuel Storage (FS) ☐ ☒ Fire Suppression (FP) ☐ ☒ Mechanical (MH) ☐ ☒ Plumbing (PL)	Yes No ☐ ☒ Standpipe (SD) ☐ ☒ Sprinkler (SP) ☐ ☒ Signs (SG) ☐ ☒ Other (OT) ☐ Antenna (OT/ANT) ☐ Marquee (OT/MAR) ☐ (Describe) _____	Yes No ☒ ☐ General Construction (OT) ☐ Partial Demolition ☐ Non-Structural Demolition ☐ Structural Work ☐ Interior Renovation ☒ Exterior Renovation ☐ (Describe) _____																																																																																																																																	
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1/10

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

License Number 028697

Last Name Bosch

First Name Jorge

Middle Initial L

Business Name BOSCH ARCHITECTURE

Business Phone (212) 725-1470

Business Fax (212) 725-1419

Business Address 347 5th Ave., Suite 803A

Mobile Phone (917) 681-6056

City New York

State NY

Zip 10016

E-Mail

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Schechter

First Name Philip

Middle Initial

Business Name 3214 Company

Business Phone 718-784-4527

Business Fax

Business Address 37-24 33rd Street

Mobile Phone

City Long Island City

State NY

Zip 11101

E-Mail pschechter@interiorfoliag

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)

JORGE L BOSCH, AIA

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)

PHILIP SCHECHTER

Signature

Date

12/10/12

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		