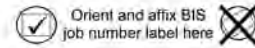
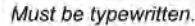




Job Number

ES691554188

Scan Code



1A Indicate existing document number
affected by filing:

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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Other (OT)					
	Labor	1	\$4,095.38	\$4,095.38	\$4,095.38
	PV Modules	24	\$483.48	\$11,603.58	\$11,603.58
	Inverter(s)	24	\$199.08	\$4,777.95	\$4,777.95
	Balance of System Materials (BOS)	1	\$11,603.58	\$11,603.58	\$11,603.58
			TOTAL JOB COST: \$		34128.19

1/10

4 Design Applicant Information

Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 035290

Last Name Petersen First Name Tom Middle Initial _____

Business Name Tom Petersen Architect, LLC Business Phone 732-730-1763 Business Fax _____

Business Address 6 Country Lane Mobile Phone _____

City Howell State NJ Zip 07731 E-Mail _____

5 Owner/Lease Holder Information

Choose One: ☒ Owner ☐ Lease Holder

Last Name _____ First Name _____ Middle Initial _____

Business Name N/A Business Phone N/A Business Fax N/A

Business Address _____ Mobile Phone _____

City _____ State _____ Zip _____ E-Mail _____

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 project or 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)

Tom Petersen

Signature

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 project or 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)

Signature

Date

Notarization

State of New York, County of: NASSAU

Sworn to or affirmed under penalty of perjury

21st day of February 2015

Notary Public Signature

Notary Seal

JOHN S STRATEGAKOS

NOTARY PUBLIC-STATE OF NEW YORK

No. 01ST6314166

Qualified in Nassau County

My Commission Expires November 03, 2018

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)		