



3	Cost Details <i>Required for all applications.</i>
----------	---

Yes		No		Yes		No		Yes		No	
☐	☐	Boiler (BL)	☐	☐	Standpipe (SD)	☒	☐	General Construction (OT)	☐	Partial Demolition	
☐	☐	Fire Alarm (FA)	☐	☐	Sprinkler (SP)	☐	☐		☐	Non-Structural Demolition	
☐	☐	Fuel Burning (FB)	☐	☐	Signs (SG)	☐	☐		☒	Structural Work	
☐	☐	Fuel Storage (FS)	☐	☐	Other (OT)	☐	☐		☐	Interior Renovation	
☐	☐	Fire Suppression (FP)	☐	☐	Antenna (OT/ANT)	☐	☐		☐	Exterior Renovation	
☐	☐	Mechanical (MH)	☐	☐	Fire Protection Plan (OT/FPP)	☐	☐		☒	(Describe) <u>Support of Excav.</u>	
☐	☐	Plumbing (PL)	☐	☐	Marquee (OT/MAR)	☐	☐				
					(Describe)						

**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 Salam First Name Rizwan Middle Initial A
 Business Name RAS PE Consulting Engineers Business Phone (212) 377-2456 Business Fax (212) 377-2457
 Business Address 20 E. 49th Street, Suite 3E Mobile Phone (646) 344-5606
 City New York State NY Zip 10017 E-Mail info@salamcons.com
 License Number 071083 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Cohen First Name Sharon Middle Initial _____
 Business Name Diamond Homes NYC Business Phone (718) 708-4755 Business Fax _____
 Business Address 1009 Broadway Mobile Phone _____
 City Brooklyn State NY Zip 11221 E-Mail diamondhomesnyc@gmail

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 or falsification of any document 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)

Rizwan A. Salam, PE

Signature

P.E. / R.A. Seal (apply seal, then sign and date over seal)



6-8-15

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)

Sharon Cohen

Signature

Date

[Signature]
 6-5-15

Notarization

State of New York, County of Kings

Sworn to or affirmed under penalty of perjury

5 day of JUNE 20 15

Notary Public Signature

[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)		