



☒ Orient and affix BIS
job number label here ☐

3	Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

Yes No

☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

Yes No

☐ ☒ Stancipipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

Yes No

☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☒ Exterior Renovation

☒ (Describe) Solar Panel of Roof

[illegible]

**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 Ramunni First Name Louis Middle Initial _____
 Business Name LPR Associates Business Phone 2037929907 Business Fax _____
 Business Address 42 Lake Avenue Ext Suite 264 Mobile Phone 9035307800
 City Danbury State CT Zip 06811 E-Mail LRAMunni@aol.com
 License Number 063124 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name McGuinness First Name Betty Middle Initial _____
 Business Name _____ Business Phone _____ Business Fax _____
 Business Address 159-41 96 STREET Mobile Phone (718) 309-4766
 City QUEENS State NY Zip 11414 E-Mail mcguinnessbetty@yahoo.com

6 Design Applicant's Statements and Signatures

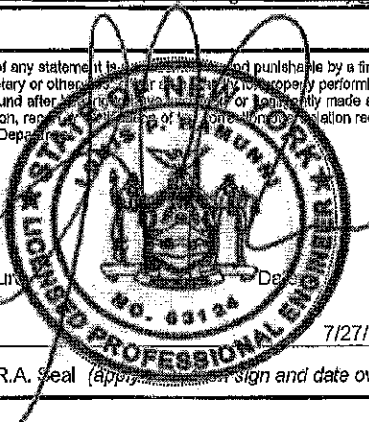
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and punishable by a fine or imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)

Louis P. Ramunni

Signature

P.E. / R.A. Seal (appropriate sign and date over seal)

**7 Owner's/Lease Holder'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 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)

Betty McGuinness

Signature

Date

7/27/15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

27 day of JULY 20 15

Notary Public Signature

Notary Seal

ILLONA AGAPOVA**NOTARY PUBLIC-STATE OF NEW YORK****No. 01AG6277583****Qualified in Bronx County****My Commission Expires March 11, 2017**

Internal Use Only			
Work Area	PW3 Cost Details Validation		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)		