



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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
MECHANICAL(MH)	INSTALL MAKE-UP AIR UNITS	1 UNIT	30,000/UNI	30,000	
	INSTALL EXHAUST FANS	1 UNIT	5,000/UNI	5,000	
	INSTALL DUPLEX VACUUM PUMP UNIT	1 UNIT	10,000/UNI	10,000	45,000
PLUMBING (PL)	INSTALL NEW PLUMBING FIXTURES	12 FIX	4,000/FIX	48,000	48,000
			TOTAL JOB COST:	\$93,000	

12/14

4 Design Applicant Information

Last Name **LAKHANI** First Name **HARSHAD** Middle Initial _____
 Business Name **LAKHANI & JORDAN ENG.** Business Phone **(212)338-9020** Business Fax _____
 Business Address **315 MADISON AVENUE** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10017** E-Mail **HLAKHANI@LAKHANIJORDAN.COM**
 License Number **053296** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **ROSEN** First Name **MICHAEL** Middle Initial _____
 Business Name **NYC HOUSING AUTHORITY** Business Phone **2123068824** Business Fax _____
 Business Address **250 BROADWAY** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10007** 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 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)

HARSHAD LAKHANI

Signature



P.E. / R.A. Seal (apply seal, then 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)

MICHAEL ROSEN

Signature

Date

[Signature]
 12/10/15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

10 day of December 20 15

Notary Public Signature

[Signature]

Notary Seal

DANIELLE E. BURNS
COMMISSIONER OF DEEDS STATE OF NEW YORK
NO. 1-6797

QUALIFIED IN NEW YORK STATE
COMMISSION EXPIRES JUNE 01, 2016

[Signature]

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)		