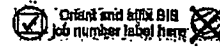




Job Number

Scan Code



Must be typewritten:

[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 RUDIKOFF, P.E. First Name NEAL Middle Initial M.
 Business Name NEW YORK ENGINEERING ASSOC. Business Phone 631-753-0333 Business Fax 631-753-0427
 Business Address 270 SPAGNOLI ROAD, STE 204 Mobile Phone _____
 City MELVILLE State NY Zip 11747 E-Mail _____
 License Number 050579 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5. Owner/Lease Holder Information

Last Name WEINGARTEN First Name HY Middle Initial _____
 Business Name MID QUEENS L.P. Business Phone 718-631-2800 Business Fax _____
 Business Address R/O 224-30 64TH AVENUE Mobile Phone _____
 City BAYSIDE State NY Zip 11364 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)
NEAL M. RUDIKOFF, P.E.

Signature _____ Date _____
 P.E./R.A. Seal (attach seal with signature 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)
HY WEINGARTEN Notarization
 State of New York, County of: _____
 Signature _____ Sworn to or affirmed under penalty of perjury
 day of _____ 20____
 Date 6/7/2016 Notary Public Signature _____

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
G of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/G of O:	☐ Accept Revised Submission (Resolved)		