



1	Reason For Filing <i>Required for all applications.</i>
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1A Indicate existing document number
affected by filing:

- | | |
|---|--|
| 2 | Location Information <i>Required for all applications.</i> |
|---|--|

C.B. No. 413

3	Cost Details <i>Required for all applications.</i>
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Yes No

- Yes No

- Yes No

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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Gen Construc (OT)	Installation of solar electric system				
	Inverter	1unit/rof	1,142.40	1,142.40	1,142.40
	Panels	1unit/rof	2,641.80	2,641.80	2,641.80
	Mounting	1unit/rof	892.50	892.50	892.50
	Labor	1unit/rof	4,212.60	4,212.60	4,212.60
	BOS	1unit/rof	2,106.30	2,106.30	2,106.30
			TOTAL JOB COST: \$ 10,955.60		

12/14

4 Design Applicant Information

Last Name Morali First Name Anthony Middle Initial _____
 Business Name Morali Architecture Business Phone 212-219-2091 Business Fax 347-707-1022
 Business Address 505 8th Ave, Suite 2202 Mobile Phone _____
 City New York State NY Zip 10018 E-Mail mstudiony@yahoo.com
 License Number 017683 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Boursiquot First Name Lucina Middle Initial _____
 Business Name _____ Business Phone (347) 406-0961 Business Fax _____
 Business Address 93-20 212th Place Mobile Phone _____
 City Queens State NY Zip 11428 E-Mail calavincrin@aol.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, 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)

Anthony Morali

Signature

Date

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 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)

Lucina Boursiquot

Signature

Lucina Boursiquot

Date

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

20th day of June 20 16

Notary Public Signature

Notary Seal

FRANTZ PIERRE-LOUIS
 NOTARY PUBLIC, State of New York
 No. 01P16101228
 Qualified in Queens County
 Commission Expires: Nov 10, 2019

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)		