

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 (\$)
OT	WINDOW LINTEL REPLACE	9 PCS	250	2250	2250
	FACE BRICK REPAIR	280 SQ.F	12	3360	3360
PL	STUCCO	250 SQ.F	10	2500	2500
	WOODEN DECK AT REAR YARD	1PC	6500	6500	6500
	MISCELLANCE				890
			TOTAL JOB COST: \$ 15500		

**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	ZAMAN	First Name	KAMRUZ	Middle Initial	
Business Name	ABIED CONSTRUCTION INC	Business Phone	2124235730	Business Fax	2124235731
Business Address	130 E 107TH STREET, 1 FL			Mobile Phone	9176405100
City	NEW YORK	State	NY	Zip	10029
E-Mail	juelzaman@yahoo.com				
License Number	094448	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	MOHAMMED	First Name	TUFAIL	Middle Initial	
Business Name	ITM CONSTRUCTION INC	Business Phone	718-956-8478	Business Fax	
Business Address	30-05 30TH AVE #350A			Mobile Phone	
City	QUEENS	State	NY	Zip	11102
E-Mail	ITM CORP786@GMAIL.C				

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.

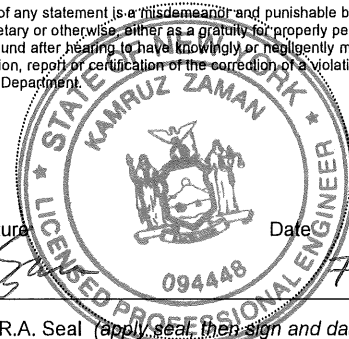
Name (print)

KAMRUZ ZAMAN

Signature

Date

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

**7 Owner's/Lease Holder's Statements and Signatures**

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Name (print)

TUFAIL MOHAMMED

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public 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)		