



Borough: <u>Queens</u>		Block: <u>1042</u>	Lot: <u>00</u>	DIN: <u>100002</u>
3	Cost Details <i>Required for all applications.</i>			

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	Interior Renovations	840.74	95/sf	79,870	79,870
PL	Install new plumbing fixtures	4	1000/fixture	4000	
	relocate 2 fixtures	2	500	1000	5000
TOTAL JOB COST:				\$	84,870

**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 Zambrano First Name Willy Middle Initial L
 Business Name Zambrano Architectural Desig Business Phone 516-327-0851 Business Fax 516-326-2712
 Business Address 410 Atlantic Avenue Mobile Phone _____
 City Freeport State NY Zip 11520 E-Mail willy@zambranoarchitects
 License Number 027030 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Dong First Name Sherry Middle Initial _____
 Business Name DNZ tower Inc. Business Phone 917 969-8898 Business Fax _____
 Business Address 83-11 Queens Blvd. Mobile Phone _____
 City Flushing State NY Zip 11373 E-Mail Sherrydong2001@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)

Willy Zambrano

Signature

Date

3.22.17

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)

Sherry Dong

Signature

Date

3/22/17

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

22nd day of March 2017

Notary Public Signature

[Signature]

Notary Seal

CHRISTINE CHEN
 Notary Public, State of New York
 No. 01CH6104679
 Qualified in Queens County
 Commission Expires January 26, 2020

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)		