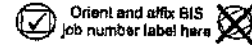




Scan Code



3	Cost Details Required for all applications.
---	--

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) Solar Panels
					☐ (Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
General Const.	Equipment			\$7003	\$7003
	Materials			\$539	\$539
	Labor			\$5926	\$5926
			TOTAL JOB COST: \$ 13468		

12/14

4 Design Applicant Information

Last Name	Zacher	First Name	Paul	Middle Initial	
Business Name	PAUL ZACHER STRUCTURA		Business Phone	916-961-3960	Business Fax
Business Address	8150 Sierra College Blvd		Mobile Phone		
City	Roseville	State	CA	Zip	95661
E-Mail	NYC@PZSE.COM				
License Number	091365	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Saunders	First Name	Vivian	Middle Initial	
Business Name	N/A		Business Phone	(347)203-2705	Business Fax
Business Address	257-35 145th Avenue		Mobile Phone		
City	Queens	State	NY	Zip	11422
E-Mail	vsaunders@gmail.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)

Paul Zacher

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)

Vivian Saunders

Signature



Date

03/28/17

Notarization

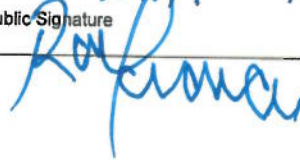
State of New York, County of

QUEENS

Sworn to or affirmed under penalty of perjury

17th day of MAY 2017

Notary Public Signature



Notary Seal



Rony Francois
Notary Public - State of New York
No. 01FR6143732
Qualified in Queens County
My Commission Expires April 17, 2018

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)		