

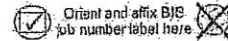


Job Number

Scan Code



Must be typewritten.



1 Reason For Filing Required for all applications.

1A Indicate existing document number
affected by filing:

Estimated cost of construction

Estimated cost of construction

Estimated cost of construction

Actual construction cost of completed work

2 Location Information *Required for all applications.*

Street Name 50TH AVENUE

Block 1883

Lot 48

BIN 4437287

C.B. No. 4

3 Cost Details Required for all applications.

Cost estimates shall include total value of work proposed per § 28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material, equipment and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions, insurance, and an allowance for profit and overhead shall be added to direct work costs and shall be reflected in the unit costs shown. If in the opinion of the Department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Department. The initial, amended and final building permit valuation shall be set by the department. **"Yes" or "No" must be specified for each "Category of Work" listed below.**

Categories of Work (Must match all applicable categories indicated on PW1.)

Yes No

☐ ☒ General Construction (OT)☐ Partial Demolition☐ Non-Structural Demolition:☐ Structural Work☐ Exterior Remodeling☐ (Describe)

□

[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 **BARAHONA** First Name **ENRIQUE** Middle Initial _____
 Business Name **MAGELLAN AEROSPACE CORP.** Business Phone **718-699-4000** Business Fax _____
 Business Address **97-11 50TH AVENUE** Mobile Phone _____
 City **CORONA** State **NY** Zip **11368** 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 (apply seal, then sign 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)
ENRIQUE BARAHONA

Signature

Enrique Barahona

Date
4/20/2017

Notarization
 State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of **20**

Notary Public Signature

Notary Seal

**AUTHORIZED
 SIGNATURE**

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)		