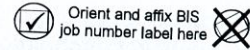
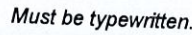




Job Number

Scan Code



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 | |

C.B. No. 407

Yes No

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

TOTAL JOB COST: \$ 767,589

PW3

4 Design Applicant Information

Last Name CALLIPO First Name NAZZARENO Middle Initial
 Business Name GZ NC Code Consulting Plan Business Phone 347-4099962 Business Fax
 Business Address 2353 EAST 71 STREET Mobile Phone 3474099962
 City Brooklyn State NY Zip 11234 E-Mail gz.codeandplanning@gm
 License Number 092631 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name VACCA First Name VITO Middle Initial
 Business Name 147-11 34 REALTY LLC Business Phone 914-637-6200 Business Fax
 Business Address 145 HUGENOT STREET STE 503 Mobile Phone
 City NEW ROCHELLE State NY Zip 10801 E-Mail vvacca@swmanagement.

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)

NAZZARENO CALLIPO, 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 *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)

VITO VACCA

Signature

Date

[Signature]
 9/2/2022

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

2 day of September 2022

Notary Public Signature

[Signature]
 Lina Osorio

Notary Seal

LINA M. OSORIO
Notary Public - State of New York
No. 010S6251300
Qualified in Westchester County
Term Expires November 14, 2023

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)		