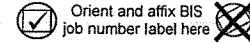




Scan Code

Must be typewritten.



1 Reason For Filing *Required for all applications.*

1A Indicate existing document number
affected by filing:

- | | |
|--|--|
| ☐ Initial Filing 2-7 | Estimated cost of construction |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☒ To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

2 | Location Information *Required for all applications.*

Street Name BEACH 37 STREET

C.B. No. 414

3 Cost Details *Required for all applications.*

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

Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☒ ☐ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☒ (Describe) Solar Panels

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

[illegible]

12/14

4 Design Applicant Information

Last Name **ABDULLA** First Name **WALID** Middle Initial _____
 Business Name **PARKER AND WEST ENG** Business Phone **917-251-0319** Business Fax _____
 Business Address **1425 PARKER ST** Mobile Phone _____
 City **BRONX** State **NY** Zip **10462** E-Mail **PARKERWESTENG@GM**
 License Number **094110** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Johnson** First Name **Calvin** Middle Initial _____
 Business Name **N/A** Business Phone _____ Business Fax _____
 Business Address **4-40 Beach 37th St** Mobile Phone **(347) 576-3900**
 City **Far Rockaway** State **NY** Zip **11691** E-Mail **cvjohnson52@hotmail.co**

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)

WALID ABDULLA 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)

Calvin Johnson

Signature

Date

Via agent James Dudas
 2/15/2019

Notarization

State of New York, County of: **Nassau**

Sworn to or affirmed under penalty of perjury

15 day of February 20 19

Notary Public Signature

Jennifer Maher

Notary Seal

JENNIFER ANN MAHER
 Notary Public - State of New York
 NO. 01MA6376470
 Qualified in Nassau County
 My Commission Expires Jun 11, 2022

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)		