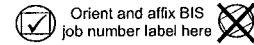




Job Number

Scan Code



2	Location Information <i>Required for all applications.</i>
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3	Cost Details <i>Required for all applications.</i>
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3	Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
SOLAR	LABOR			57120	
	MATERIAL			45696	
	EQUIPMENT			11424	
			TOTAL JOB COST: \$ 114240		

12/14

4 Design Applicant Information

Last Name **CLANCY** First Name **JAMES** Middle Initial **A**
 Business Name **ARC DESIGN** Business Phone **856-712-2166** Business Fax
 Business Address **409 N MAIN ST** Mobile Phone
 City **ELMER** State **NJ** Zip **08318** E-Mail **ARCDISING.SOLAR@G**
 License Number **084288** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DEMOSTHENOUS** First Name **JAKE** Middle Initial
 Business Name **DIRECT MANAGEMENT CORP** Business Phone **718-274-4300** Business Fax
 Business Address **42-14 ASTORIA BLVD** Mobile Phone
 City **ASTORIA** State **NY** Zip **11103** E-Mail **JAKED@DIRECTMANAGEMENTCORP.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)

James A Clancy

Signature

Date

7.09.19

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)

Jake Demosthenous

Signature

Date

6/17/19

Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

13th day of *June* 20 *19*

Notary Public Signature

Georgia Leandrou

Notary Seal

GEORGIA LEANDROU
Notary Public, State of New York
No. 01LE6154853
Qualified in Queens County
Commission Expires October 23, 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)		