



 Orient and affix BIS
job number label here 

3	Cost Details <i>Required for all applications.</i>
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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) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Solar Panels (OT)	Installation of a 4.08 kw solar panel pv system	4.08 kw			
	Modules	12	680	8160	8160
	Microinvertors	12	680	8160	8160
	BOS and Labor	1	4,080	4,080	4,080
			TOTAL JOB COST: \$ 20,400		

12/14

4 Design Applicant Information

Last Name	Dunzik	First Name	Daniel	Middle Initial	
Business Name	N/A	Business Phone	908-872-3664	Business Fax	
Business Address	370 Burnt Hill Road			Mobile Phone	
City	Skillman	State	NJ	Zip	08558
License Number	039534	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail	

5 Owner/Lease Holder Information

Last Name	Munlyn	First Name	Lyvan	Middle Initial	
Business Name	N/A	Business Phone	3476333220	Business Fax	
Business Address	17972 Selover Road			Mobile Phone	
City	Queens	State	NY	Zip	11434
E-Mail	permits@momentumsolar.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 is 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)

Daniel Dunzik

Signature



9/6/19

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)

Lyvan Munlyn

Signature

Date

9/6/19

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

6th day of September 2019

Notary Public Signature

Notary Seal

ERICA S. DRAKE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 9/4/2023

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)		