



☒ Orient and affix BIS
job number label here ☐

***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	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	SURIN	First Name	MARYSE	Middle Initial	
Business Name		Business Phone	6464639018	Business Fax	
Business Address	240-02 142 AVENUE			Mobile Phone	
City	4	State	NY	Zip	11422
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 Commission or 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



2/12/2020

P.E. / R.A. Seal (only seal the 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 Commission or 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)

MARYSE SURIN

Signature

Date 2/12/2020

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

Notary Public Signature

Notary Seal



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)		