



 Orient and affix BIS  
job number label here 

| Category of Work* | Description of Work                             | Area/Units | Unit Cost (\$)                   | Total Cost (\$) | Work Category Total Cost (\$) |
|-------------------|-------------------------------------------------|------------|----------------------------------|-----------------|-------------------------------|
| Solar Panels (OT) | Installation of a 9.88 kW solar panel pv system | 9.88 kW    |                                  |                 |                               |
|                   | Modules                                         | 26         | 760                              | 19,760          | 19,760                        |
|                   | Microinverters                                  | 26         | 760                              | 19,760          | 19,760                        |
|                   | BOS and Labor                                   | 1          | 9,880                            | 9,880           | 9,880                         |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            |                                  |                 |                               |
|                   |                                                 |            | <b>TOTAL JOB COST: \$ 49,400</b> |                 |                               |

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                                                                               |
| E-Mail           |                     |                |                               |                                          |                                                                                     |
| License Number   | 039534              | Choose One:    | <input type="checkbox"/> P.E. | <input checked="" type="checkbox"/> R.A. | <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                           |                |              |                |       |
|------------------|---------------------------|----------------|--------------|----------------|-------|
| Last Name        | Mannan                    | First Name     | Aftabuddin   | Middle Initial |       |
| Business Name    |                           | Business Phone | 516-314-3085 | Business Fax   |       |
| Business Address | 8512 Radnor Street        |                |              | Mobile Phone   |       |
| City             | Queens                    | State          | NY           | Zip            | 11432 |
| E-Mail           | permits@momentumsolar.com |                |              |                |       |

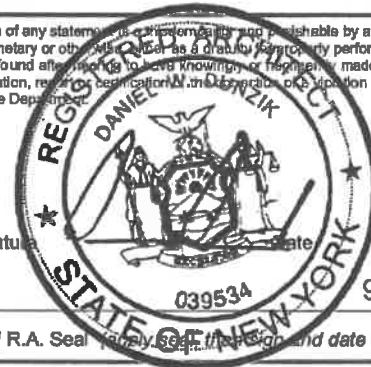
**6 Design Applicant's Statements and Signatures**

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 and the violation or falsification 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



9/7/2021

P.E. / R.A. Seal (only seal if not 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)

Aftabuddin Mannan

Signature

Date 9/7/2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

7th day of September 2021

Notary Public Signature

Notary Seal

ALEXA M. CATALANO  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 9/18/2024

| Internal Use Only        |                                                                                       |                                       |          |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |