



DEPT OF BLDGS 440712631

Job Number

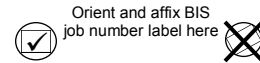


ES250084948

Scan Code

EF1: eFiling Job Application Cover Sheet

Generated by the eFiling application.



Orient and affix BIS
job number label here

1 Key Application Information *This key information was generated based on information provided by the user during the eFiling process.*

Filing At: **QUEENS - 114-40 211 STREET**

Validated On: **04/11/2022 12:47 PM** Forms Generated: **PW1**

Filing Type: **ALTERATION 2 (A2) - INITIAL**

2 Filing Fee Estimation *The following fee estimation is based on information provided by the applicant.*

ALTERATION 2 COSTS

OTHER 27000

TOTAL ALTERATION 2 COSTS

27000

$COST\ FEE = ((27 - 5) * 2.6) + 130 = 187.2$

Building Type: **1, 2, OR 3 FAMILY**

Fee Status: **STANDARD**

Directive 14: **YES**

Computed Total Filing Fee: **\$187.20**

Minimum Required Payment: **\$187.20**

Computed Civil Penalty: **\$0.00**

Records Management Fee: **\$45.00**

PROFESSIONAL CERTIFY JOB/PLANS
Number of Stories: 2

Work Type(s) -

☐ PL ☐ MH ☐ BL ☐ FB ☐ FS

☐ FP ☐ SD ☐ SP ☐ FA ☐ EQ

☐ CC ☒ OT - **SOLAR TAX**

****SOLAR APPLICATION****

3 Other Important Information

- The applicant is responsible for reviewing all documentation generated by eFiling for completeness and accuracy. The submitted documents are the official filing record upon being accepted for filing at the Department.
- It is the applicant's responsibility to ensure that the forms generated by eFiling are accompanied by all other required plans and documentation and that all filing submissions are in compliance with applicable codes, laws, rules and regulations.
- Though eFiling checks all applications for errors, other issues may prevent the Department from accepting this filing.

4 Where to File *This application must be filed in-person in the borough where the proposed work is to occur, or electronically.*

Office Location: **Electronically Filed**

Phone:

Hours:



T00002389895000011

DOB Reference Number: **T00002389895-000011**

User Ref ID: **NURSE**