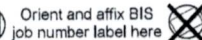
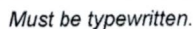


ES744369186	Scan Code
ES931261840	Scan Code



*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 **STOUT** First Name **JAMES** Middle Initial **J**
 Business Name **JAMES STOUT ARCHITECT** Business Phone **631 858 9388** Business Fax **631 858 0088**
 Business Address **2 GREG LANE** Mobile Phone **631 513 0133**
 City **EAST NORTHPORT** State **NY** Zip **11731** E-Mail **NYCSUBMISSIONS@JA**
 License Number **021633** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Chan** First Name **Michael** Middle Initial _____
 Business Name **N/A** Business Phone **917-612-2008** Business Fax _____
 Business Address **35-21 216th Street** Mobile Phone _____
 City **Queens** State **NY** Zip **11361** E-Mail **nycsubmissions@jamesstou**
tarch.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 STOUT

Signature

**5-5-23**

P.E. / R.A. Seal (only 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)

Michael Chan

Signature

Michael Chan

Date

9/11/2023

Notarization

State of New York, County of _____

Sworn to or affirmed under penalty of perjury

1st day of **September** 20 **23**

Notary Public Signature

[Signature]

Notary Seal

Lisa M. Gustam
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01GU6414369
 Qualified in Suffolk County
 Commission Expires February 22, 2025

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)		