



|   |                                                         |
|---|---------------------------------------------------------|
| 1 | Reason For Filing <i>Required for all applications.</i> |
|---|---------------------------------------------------------|

1A Indicate existing document number  
affected by filing:

- Estimated cost of construction  
Estimated cost of construction  
Estimated cost of construction  
Actual construction cost of completed work

|                       |                          |              |
|-----------------------|--------------------------|--------------|
| House No(s) 1775      | Street Name richmond ave | 510015109    |
| Borough Staten Island | Block 887                | Lot 35       |
|                       | BIN 5022932              | C.B. No. 502 |

Cost estimates shall include total value of work proposed per § 28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material, equipment and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions, insurance, and an allowance for profit and overhead shall be added to direct work costs and shall be reflected in the unit costs shown. If in the opinion of the Department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Department. The initial, amended and final building permit valuation shall be set by the department. **"Yes"** or **"No"** *must be specified for each "Category of Work" listed below.*

**Categories of Work** (Must match all applicable categories indicated on PW1.)

- Yes No
- ☐ ☒ Standpipe (SD)
- ☐ ☒ Sprinkler (SP)
- ☐ ☒ Signs (SG)
- ☐ ☒ Other (OT)
- ☐ Antenna (OT/ANT)
- ☐ Fire Protection Plan (OT/FPP)
- ☐ Marquee (OT/MAR)
- ☐ (Describe)

- Yes No
- ☒ ☐ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☒ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe) \_\_\_\_\_

[illegible]

\*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 HO First Name PING MAN Middle Initial \_\_\_\_\_  
 Business Name Raymond Ho Architect PLLC Business Phone 917-6757787 Business Fax \_\_\_\_\_  
 Business Address 160 Claremont Ave., Suite A South Mobile Phone \_\_\_\_\_  
 City NY State NY Zip 10027 E-Mail \_\_\_\_\_  
 License Number 025149 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_

**5 Owner/Lease Holder Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
 Business Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

**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)

PING MAN HO

Signature

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)

Signature

Date

Notarization

State of New York, County of: Richmond

Sworn to or affirmed under penalty of perjury

2nd day of May 2023

Notary Public Signature

Notary Seal

MICHAEL R VAYNSHTEYN  
 Notary Public, State of New Jersey  
 Comm. # 50201469  
 My Commission Expires 7/21/2027

**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)                         |                                       |          |