



3	Cost Details <i>Required for all applications.</i>
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Categories of Work (Must match all applicable categories indicated on PW1.)

Yes	No		Yes	No		Yes	No	
☐	☒	Boiler (BL)	☐	☒	Standpipe (SD)	☒	☐	General Construction (OT)
☐	☒	Fire Alarm (FA)	☐	☒	Sprinkler (SP)		☒	Partial Demolition
☐	☒	Fuel Burning (FB)	☐	☒	Signs (SG)		☐	Non-Structural Demolition
☐	☒	Fuel Storage (FS)	☐	☒	Other (OT)		☒	Structural Work
☐	☒	Fire Suppression (FP)		☐	Antenna (OT/ANT)		☐	Interior Renovation
☐	☒	Mechanical (MH)		☐	Marquee (OT/MAR)		☒	Exterior Renovation
☐	☒	Plumbing (PL)		☐	(Describe) _____		☐	(Describe) _____

**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. For enlargements, only items associated with work performed in the existing area should be listed.*

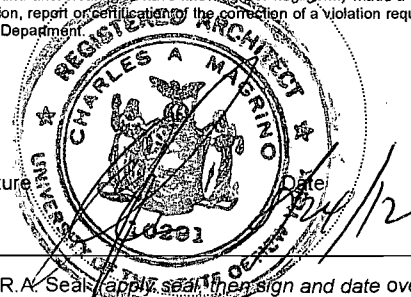
4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 10291Last Name MAGRINO First Name CHARLES Middle Initial ABusiness Name CHARLES A MAGRINO, AIA Business Phone 718-442-6640 Business Fax 718-442-7557Business Address 1847 VICTORY BOULEVARD Mobile Phone _____City STATEN ISLAND State NY Zip 10314 E-Mail _____**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name COPPOLINO First Name PETER Middle Initial _____Business Name N/A Business Phone 718-494-7261 Business Fax _____Business Address 123 GANSEVOORT BOULEVARD Mobile Phone _____City STATEN ISLAND State NEW YORK Zip 10314 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)

CHARLES A. MAGRINO

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)

PETER COPPOLINO

Signature

Date

Notarization

State of New York, County of: Richmond

Sworn to or affirmed under penalty of perjury

24th day of August 2012

Notary Public Signature

Notary Seal

JOANNE BARONE
NOTARY PUBLIC, State of New York
 No. 01BA6224869
 Qualified in Richmond County
 Commission Expires July 19, 2014

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filer:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filer/C of O:	☐ Accept Revised Submission (Resolved)		