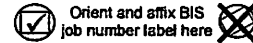




Scan Code

NYC
Buildings

Must be typewritten.

[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	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	E-Mail	
Choose One:	☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	GRINBERG	First Name	ALEXANDER	Middle Initial
Business Name	54 FINLAY AVE., LLC	Business Phone	917-602-5315	Business Fax
Business Address	313 SAND LANE	Mobile Phone		E-Mail
City	SI	State	NY	Zip
			10305	

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)

Signature

Date

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)

ALEXANDER GRINBERG

Signature

Date

7/13/22

Notarization

State of New York, County of: RICHMOND

Sworn to or affirmed under penalty of perjury

13TH Day of JULY

20 22

Notary Public Signature

Christine Kurzawski

Notary Seal

CHRISTINE KURZAWSKI
Notary Public, State of New York
No. 01KU4681735
Qualified in Richmond County
Commission Expires May 31, 2026

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	