



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) SOLAR	☐	☐	☐ (Describe) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Solar	Install roof mount solar energy system	modules	740	31080	
		inverter	2	6295	
		BOM	1	8019	
		Labor	1	8000	
		Design	1	5500	
		Permit	2	920	
		Other	1	8718	
			TOTAL JOB COST: \$ 68,532		

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4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____Last Name **FENG** First Name **CHUN** Middle Initial _____Business Name **CHUN FENG, ARCHITECT** Business Phone **201-638-5851** Business Fax **201-934-8260**Business Address **17 RONALD CT.** Mobile Phone **201-638-5851**City **RAMSEY** State **NJ** Zip **07446** E-Mail **feng3000@verizon.net****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Fitzgibbons** First Name **Brian** Middle Initial _____

Business Name _____ Business Phone _____ Business Fax _____

Business Address _____ Mobile Phone **908-290-0402**City **STATEN ISLAND** State **NY** Zip **10304** 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)

CHUN FENG

Signature

Date

11/14/13

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)

Brian Fitzgibbons

Signature

B. Fitzgibbons

Date

11/15/13

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

Internal Use Only

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