



Must be typewritten.




Orient and affix BIS
 job number label here

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

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	INSTALLATION OF SOLAR PANALS	275.4sf	\$70/sf	19,278	19,278
				TOTAL JOB COST:	\$ 19,278

*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) _____

Last Name _____ Middle Initial _____ License Number _____

Business Name _____ Business Phone _____ Business Fax _____

Business Address _____ Mobile Phone _____

City _____ State _____ Zip _____ E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name JONES First Name ANDREW Middle Initial _____

Business Name N/A Business Phone 5169747600 Business Fax _____

Business Address 25 HIGH ST Mobile Phone _____

City STATEN ISLAND State NY Zip 10305 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)

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)

ANDREW JONES

Signature

Andrew Jones

Date

12-19-14

Notarization

State of New York, County of Queens

Sworn to or affirmed under penalty of perjury

19 day of Dec 2014

Notary Public Signature

April Jetter

Notary Seal

APRIL JETTER

Commissioner of Deeds

City of New York Number: 012731

Commission Expires on: June 2015

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