



DEPT OF BLDGS 540067782

Job Number

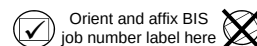


ES319896571

Scan Code

EF1: eFiling Job Application Cover Sheet

Generated by the eFiling application.



1 Key Application Information *This key information was generated based on information provided by the user during the eFiling process.*

Filing At: **STATEN ISLAND - 12 BAY TERRACE**

Validated On: **12/19/2014 5:47 PM**

Forms Generated: **PW1**

Filing Type: **ALTERATION 2 (A2) - INITIAL**

2 Filing Fee Estimation *The following fee estimation is based on information provided by the applicant.*

ALTERATION 2 COSTS

OTHER 20000

TOTAL ALTERATION 2 COSTS

20000

$COST\ FEE = ((20 - 5) * 10.3 + 225 + (2 * 20)) = 419.5$

Building Type: **OTHER**

Fee Status: **STANDARD**

Directive 14: **NO**

Computed Total Filing Fee: **\$419.50**

Minimum Required Payment: **\$225.00**

Computed Civil Penalty: **\$0.00**

Records Management Fee: **\$165.00**

PROFESSIONAL CERTIFY JOB/PLANS

- Work Type(s) -

☐ PL ☐ MH ☐ BL ☐ FB ☐ FS

☐ FP ☐ SD ☐ SP ☐ FA ☐ EQ

☐ CC ☒ OT - **GENERAL CONSTRUCTION**

3 Asbestos Fee Estimation *Not included in above estimation, based on information provided by the applicant.*

Asbestos fee amount reported (due at filing): **NA**

Please note: All fee estimation information in sections 2 and 3 is subject to review and may be revised upon filing.

4 Other Important Information

- The applicant is responsible for reviewing all documentation generated by eFiling for completeness and accuracy. The submitted documents are the official filing record upon being accepted for filing at the Department.
- It is the applicant's responsibility to ensure that the forms generated by eFiling are accompanied by all other required plans and documentation and that all filing submissions are in compliance with applicable codes, laws, rules and regulations.
- Though eFiling checks all applications for errors, other issues may prevent the Department from accepting this filing.

5 Where to File *This application must be filed in-person in the borough where the proposed work is to occur, or electronically.*

Office Location: **Electronically Filed**

Phone:

Hours:



T00001162295000017

DOB Reference Number: **T00001162295-000017**

User Ref ID: **12TERRACE**

08/12