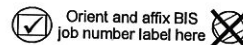
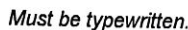




Scan Code



1A Indicate existing document number
affected by filing:

- ☒ Initial Filing 2-7
☐ Prior to Approval Actions 1A, 2-7
☐ Post Approval Amendment (PAA) 1A, 2-7
☐ To obtain Sign-off 2-3, 5, 7

Estimated cost of construction	
Estimated cost of construction	
Estimated cost of construction	
Actual construction cost of completed work	

Street Name **BARLOW AVENUE**

Block 5494

Lot 300

BIN 5073161

C.B. No. 503

Cost estimates shall include total value of work proposed per § 28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material, equipment and labor; work shall include all construction elements including, but not limited to, construction equipment, wall and floor finishes, built-in cabinets, and kitchen appliances. Indirect costs, including but not limited to general conditions, insurance, and an allowance for profit and overhead shall be added to direct work costs and shall be reflected in the unit costs shown. If in the opinion of the Department, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the Department. The initial, amended and final building permit valuation shall be set by the department. ***"No" must be specified for each "Category of Work" listed below.***

Categories of Work (Must match all applicable categories indicated on PW1.)

- Yes No

- ☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☐ ☒ Mechanical (MH)
☐ ☒ Plumbing (PL)

- Yes No

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

- Yes No

- ☒ ☐ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation
- ☒ (Describe) **SOLAR**

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT (SOLAR)	INSTALLATION OF SOLAR PANELS ON EXISTING ROOF		29,168.80	29,168.80	29,168.80
			TOTAL JOB COST: \$ 29,168.80		

*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	GIANNOPOULOS	First Name	ANASTASIOS	Middle Initial	
Business Name	A. Giannopoulos Architects	Business Phone	718-606-0966	Business Fax	
Business Address	23-24 STEINWAY STREET			Mobile Phone	
City	ASTORIA	State	NY	Zip	11105
License Number	030321	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail	

5 Owner/Lease Holder Information

Last Name	VALENTIN	First Name	JOSE	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	419 BARLOW AVENUE			Mobile Phone	
City	STATEN ISLAND	State	NY	Zip	10308
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)

ANASTASIOS GIANNOPOULOS

Signature

Date

12/14/15

P.E. / R.A. Seal (apply seal, then sign and date over seal)

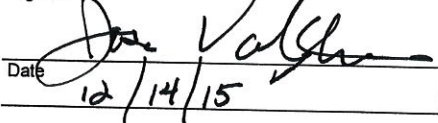
7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Jose Valentin

Signature



Date

12/14/15

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
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		