



PW3: Cost Affidavit

Must be typewritten.

DEPT. BLDGS 120012333 Job Number
SC130534796 Scan Code

1 Reason For Filing Required for all applications.

- Reason for filing cost affidavit:
Reason information provided must be based on:
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
[X] 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

2 Location Information Required for all applications.

House No(s) 110 Street Name Bennett Avenue
Borough Manhattan Block 2180 Lot 199 BIN 1064442 C.B. No. 112

3 Cost Details Required for all applications.

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material 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 and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. "Yes" or "No" must be specified for each "Category of Work" listed below.

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

- Yes No
[] [X] Boiler (BL)
[] [X] Fire Alarm (FA)
[] [X] Fuel Burning (FB)
[] [X] Fuel Storage (FS)
[] [X] Fire Suppression (FP)
[] [X] Mechanical (MH)
[] [X] Plumbing (PL)
Yes No
[] [X] Standpipe (SD)
[] [X] Sprinkler (SP)
[] [X] Signs (SG)
[] [X] Other (OT)
[] Antenna (OT/ANT)
[] Fire Protection Plan (OT/FPP)
[] Marquee (OT/MAR)
[] (Describe)
Yes No
[X] [] General Construction (OT)
[] Partial Demolition
[] Non-Structural Demolition
[] Structural Work
[] Interior Renovation
[X] [] Exterior Renovation
[] (Describe)

Table with 6 columns: Category of Work*, Description of Work, Area/Units, Unit Cost (\$), Total Cost (\$), Work Category Total Cost (\$). Rows include Masonry, Sealants, Sheet Metal, Roofing, Pointing, Lintels, Painting, Plumbing, and several empty rows.

PROFESSIONAL CERTIFICATION
DEPARTMENT OF BUILDINGS
TOTAL JOB COST: \$ 652,469.00

*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 Arntsen First Name Hans Middle Initial _____
 Business Name Dynamic Structures Inc. Business Phone 914-375-1196 Business Fax 914-375-1197
 Business Address 733 Yonkers Avenue, Suite 303 Mobile Phone _____
 City Yonkers State NY Zip 10704 E-Mail DSI@dynamicstructures.n
 License Number 18105 Choose One: P.E. R.A. Sign Hanger Other (specify) _____

5 Owner/Lease Holder Information

Last Name Freydburg First Name Patrick Middle Initial _____
 Business Name Northbrook Partners, LLC Business Phone 212-359-0022 Business Fax 212-586-2190
 Business Address 1776 Broadway, 3rd Floor Mobile Phone _____
 City New York State NY Zip 10019 E-Mail _____

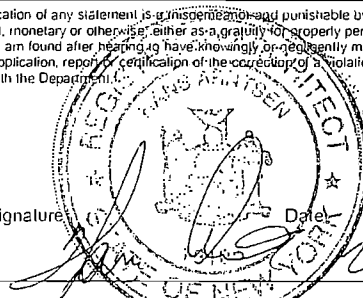
6 Design Applicant's Statements and Signatures

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 is 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 occurrence 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)

Hans Arntsen

Signature



Date

2-26-09

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

7 Owner's/Lease Holder'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 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 occurrence 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)

Patrick Freydburg

Signature

Date

Notarization

State of New York, County of: NEW YORK

Sworn to or affirmed under penalty of perjury

8th day of APRIL 20 09

Notary Public Signature

Notary Seal

EDITHA S BONELLO
NOTARY PUBLIC - NEW YORK
REGISTRATION NO. 01B04877947
NEW YORK COUNTY
 My Commission Exp. Nov. 24, 20 10