



PW3: Cost Affidavit

Must be typewritten.

☒ Orient and affix BIS
job number label here ~~~~

104062504

1	Reason For Filing <i>Required for all applications.</i>
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Reason for filing cost affidavit: ☐ 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	Cost information provided must be based on: ☐ Estimated cost of construction ☐ Estimated cost of construction ☐ Estimated cost of construction ☒ Actual construction cost of completed work	1A Indicate existing document number affected by filing:
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2	Location Information <i>Required for all applications.</i>
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House No(s) 71

Street Name WEST 23RD STREET

Borough Manhattan

Block 825

Lot 1

BIN 1015575

C.B. No. 105

3	Cost Details <i>Required for all applications.</i>
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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		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)		☐	Fire Protection Plan (OT/FPP)		☐	Exterior Renovation
☐	☒	Plumbing (PL)		☐	Marquee (OT/MAR)		☐	(Describe) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
SPRINKLER	RENOVATION OF EXISTING SPRINKLER SYSTEM ON 18 FL			20,000.00	20,000.00
TOTAL JOB COST: \$					20,000.00

**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	First Name	Middle Initial	
Business Name	Business Phone	Business Fax	
Business Address		Mobile Phone	
City	State	Zip	E-Mail
License Number	Choose One:	☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	
5 Owner/Lease Holder Information			
Last Name	First Name	Middle Initial	
Business Name	Business Phone	Business Fax	
Business Address		Mobile Phone	
City	State	Zip	E-Mail

6 Design Applicant's Statements and Signatures			
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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 <i>Notary only required when submitting to obtain sign-off.</i>			
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Name (print)

DENISE WRIGHT SCOTT

Signature

Denise Wright Scott

Date

10/26/20

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

26th day of October 20 20

Notary Public Signature

Virginia Hyland

NOTARIZE HERE

Notary Seal

VIRGINIA HYLAND
 NOTARY PUBLIC, State of New York
 No. 01HY6054144
 Qualified in New York County
 Commission Expires January 29, 20 23

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