



PW3: Cost Affidavit

Must be typewritten.

DEPT. BLDGS. 122739411 Job Number

SC150505001 Scan Code

1 Reason For Filing Required for all applications.

Reason for filing cost affidavit: Cost information provided must be based on: 1A Indicate existing document number affected by filing:

☒ Initial Filing 2-7 Estimated cost of construction

☐ Prior to Approval Actions 1A, 2-7 Estimated cost of construction

☐ Post Approval Amendment (PAA) 1A, 2-7 Estimated cost of construction

☐ To obtain Sign-off 2-3, 5, 7 Actual construction cost of completed work

2 Location Information Required for all applications.

House No(s) 313 Street Name West 82nd Street

Borough Manhattan

Block 1245

Lot 13

BIN 1033797

C.B. No.

3 Cost Details Required for all applications.

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. "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

☐ ☒ 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) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Construction (OT)	Lintel Replacement	55 lf	\$120.00	\$6,600.00	\$6,600.00
	Mortar Repointing	442 sf	\$9.00	\$3,979.00	\$3,979.00
	Stucco Replacement	1900 sf	\$24.00	\$45,600.00	\$45,600.00
	Provide pitch at all balconies	217 sf	\$15.00	\$3,263.00	\$3,263.00
	Install Sikelastic on all balcony floors, fascias and soffits	236	\$22.00	\$5,213.00	\$5,213.00
	Install steel channel at all balcony facias	36 lf	\$465.00	\$16,740.00	\$16,740.00
	Siplast Parapro at all seams and Paracoat on the entire roof	1000 sf	\$17.00	\$17,000.00	\$17,000.00
	Remove and Replace the existing Skylights	1 ea	\$6,500.00	\$6,500.00	\$6,500.00
	Rebuild the chimney	306 lf	\$22.00	\$9,405.00	\$9,405.00
	Remove and replace the railing	17 lf	\$386.00	\$6,750.00	\$6,750.00
	Replace all sealant on the project	450 lf	\$7.00	\$3,150.00	\$3,150.00
	Remove and replace all AC sleeves along the rear elevation	6 ea	\$1,300.00	\$7,800.00	\$7,800.00
TOTAL JOB COST: \$				132,000.00	

*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 Sullivan First Name Brian Middle Initial _____
 Business Name Sullivan Engineering, LLC Business Phone 973 706-8584x1 Business Fax _____
 Business Address 409 Minnisink Road, Suite 103 Mobile Phone _____
 City Totowa State NJ Zip 07512 E-Mail none@none.com
 License Number 088575 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Dent First Name Noel Middle Initial _____
 Business Name Veritas Property Management LLC Business Phone 212 799-2365 Business Fax _____
 Business Address 180 West 80th Street SUITE 218 Mobile Phone _____
 City New York State NY Zip 10024 E-Mail NOEL@VERITASMANAGEMENT.COM

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, 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)

Brian Sullivan

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 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, 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)

Noel Dent

Signature

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

6th day of May 20 16

Notary Public Signature

Notary Seal

SONA RAMNARINE

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RA6133646

Qualified in Queens County

My Commission Expires February 05, 2018

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)		