



Job Number

Scan Code



Orient and affix BIS
job number label here



Reason for filing cost affidavit:

Cost 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
- ☒ 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

House No(s) 26

Street Name EAST 22 STREET

Borough MANHATTAN

Block 850

Lot 59

BIN 1016259

C.B. No. 105

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

Yes No

Yes No

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

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

- ☒
- ☐
- General Construction (OT)

- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation

☐ (Describe) **VAULT REPAIR**

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT- Vault Repair	Structural slab and vault waterproofing replacement	lumpsum	lumpsum	\$89,520	\$89,520
			TOTAL JOB COST: \$ \$89,520		

TOTAL JOB COST: \$	\$89,520
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*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	CANTON	First Name	JOSEPH	Middle Initial	
Business Name	JMA Consults&Engineers P.C	Business Phone	2018160448	Business Fax	2018160558
Business Address	580 SYLVAN AVENUE, SUITE 1L			Mobile Phone	2013764173
City	Englewood Cliff	State	NJ	Zip	07632
E-Mail	joe@jmabuildings.com				
License Number	046441	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	FUCHSMAN	First Name	LARRY	Middle Initial	
Business Name	KUBERA CORPORATION	Business Phone	2125295688	Business Fax	
Business Address	666 BROADWAY			Mobile Phone	
City	NEW YORK	State	NY	Zip	10012
E-Mail	lfuchsman@gmail.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 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)

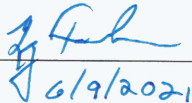
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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 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)

LARRY FUCHSMAN

Signature



Date

6/9/2021

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

9th day of June 20 21

Notary Public Signature



Notary Seal
DEXTER CHRISTIAN
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01CH6402790
 Qualified in Bronx County
 My Commission Expires: 01/13/2024

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)		