



PW3: Cost Affidavit
Must be typewritten.

☒ Orient and affix BIS job number label here ☒

1 Reason For Filing Required for all applications.

- | | | |
|---|---|--|
| 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: 01 |
|---|---|--|

2 Location Information Required for all applications.

House No(s) 7 Street Name East 14th Street
 Borough Manhattan Block 842 Lot 07 BIN 1016062 C.B. No. 105

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 | 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 (\$)
OT- Gen. Const.	INTERIOR RENOVATION (DEMO)	1	10,000		
	INTERIOR RENOVATION (CONSTRUCTION)	1	45,000		
				55,000	55,000.00
PL - Plumbing	REPLACE (1) TUB; (1) LAVATORY; (1) WC,	4	2,500/FIX	10,000	
	(1) RES. SINK				
	RELOCATE & REPLACE (1) LAVATORY (1) WC	2	3,500/FIX	7,000	
	NEW: DISWASHER, SHOWER, LAV, WC	2	4,000/FIX	8,000	
PL - Gas	REMOVE- CAP GAS STOVE	2	5,000/FIX	10,000	
	REPLACE (1) GAS STOVE			35,000	35,000.00
TOTAL JOB COST: \$				90,000.00	

*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 Scholmann First Name Sid Middle Initial _____
 Business Name SI Design Business Phone 914-673-2309 Business Fax _____
 Business Address 33 West 19th Street Mobile Phone _____
 City New York State NY Zip 10011 E-Mail e.mac.ra.@gmail.com
 License Number 027690 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Munish First Name Agarwal Middle Initial _____
 Business Name N/A Business Phone N/A Business Fax _____
 Business Address 7 E 14 Sreet, Apt 225/227 Mobile Phone 646-229-7385
 City New York State NY Zip 10003 E-Mail munishagarwal@hotmail.c

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)

SID SCHOLMANN, R.A.

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 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)

MUNISH AGARWAL

Signature

M. Agarwal

Date

7/31/2020

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

31st day of July 20 20

Notary Public Signature

[Signature]

Notary Seal

DEBORAH PARMA
 Notary Public - State of New York
 NO. 01PA6351578
 Qualified in Suffolk County
 My Commission Expires Dec 5, 2020

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)		