



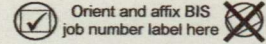
DEPT OF BLDGS 122998337

Job Number



ES999125239

Scan Code

PW3: Cost Affidavit*Must be typewritten.***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:

2 Location Information *Required for all applications.*

House No(s) 320

Street Name WEST 138 STREET

Borough MANHATTAN

Block 2041

Lot 28

BIN 1060637

C.B. No. 110

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 (\$)
Mechanical (MH)	Installation of 3 condensers and related fans handlers, and ductwork	5 Floors	19,000/fi	\$95000	\$95,000
Plumbing (PL)	Removal of existing plumbing system	5 Floors			
	installation of 50 plumbing fixtures	50 Fixtures			
	installation of water riser	5 Floors			
	Installation of sanitary riser	5 Floors	3500/fixture	175000	\$175,000
Sprinkler (SP)	Installation of 48 sprinkler heads	48 Heads			
	Installation of gas riser	5 Floors	3500/fixture	168000	\$168,000
Gen Construction					
Non Structural Dem	Removal of Interior partitions and finishes	5 Floors	200/floors	10000	
Structural Renovati	Framing for 5 floors and bulkhead enlargement	5 Floors	6000/floor	30000	
Interior Renovation	Installation of new fixtures, lighting, finishes, paint	5 Floors	159025/floo	795125	
Exterior Renovation	Renovation of Roof	1 rof	45000/rof	45000	
	Repair and Restore Stoop	100 SF	250/SF	25000	\$905.125
TOTAL JOB COST: \$				\$1,343,125	

*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
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name Edward Tarallo	First Name The Estate of	Middle Initial
Business Name	Business Phone 9173287461	Business Fax
Business Address 320 west 138 street	Mobile Phone	
City NEW YORK	State	Zip
		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 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) **Eileen Tarallo, Agent**
for The Estate of Edward Tarallo
 Signature **Eileen Tarallo, Agent**
 Date **9/9/2021**

Notarization
 State of New York, County of: **NEW YORK**
 Sworn to or affirmed under penalty of perjury
9th day of **SEPT**, 20**21**
 Notary Public Signature **Meena M. Gulati**

Notary Seal
MEENA M. GULATI
Notary Public, State of New York
No. 01GU5015872
Qualified in New York County
Commission Expires August 2, 2025

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)		