



PW3: Cost Affidavit

Must be typewritten.

[illegible]

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 **PROFFITT** First Name **ROBERT** Middle Initial _____
 Business Name **METROPOLIS GROUP INC** Business Phone **(212) 233-6344** Business Fax **(212) 233-6333**
 Business Address **22 CORTLANDT STREET 10TH FLOOR** Mobile Phone () - _____
 City **NEW YORK** State **NY** Zip **10007** E-Mail **ROBERTP@METROPOLISNY.COM**
 License Number _____ Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

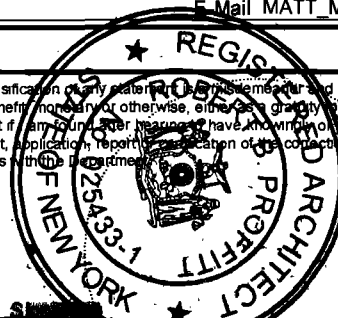
Last Name **MURPHY** First Name **MATT** Middle Initial **M**
 Business Name **34 E/ 20TH STREET LLC** Business Phone **(347) 587-0616** Business Fax () - _____
 Business Address **34 EAST 20TH STREET 3RD FLOOR** Mobile Phone () - _____
 City **NEW YORK** State **NY** Zip **10016** E-Mail **MATT_M@MATTMURPHY.COM**

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 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)

ROBERT PROFFITT



Date

1/3/17

P. E. Proffitt, Robert Proffitt, and date of signature

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)

MATT MURPHY

Signature

Date

1.4.17

Notarization

State of New York, County of

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		