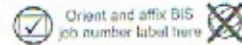




Job Number

Scan Code



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) 446 Street Name BROADWAY					
Borough MANHATTAN Block 232 Lot 6 BIN 1003029 C.B. No. 102					
3	Cost Details Required for all applications.				
Cost estimates shall include total value of work proposed per § 26-112.3 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 s hall 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 PWf.)					
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/IANT) ☐ 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 (\$)
GEN. CONSTR.	REMOVE PARTITIONS, DOORS AND FLOORS	10,000 sf	5/sf	50,000	50,000
NON-ST DEMO					
PLUMBING	REMOVE FIXTURES AND PIPING	26 FIX	500/FX	13,000	13,000
				TOTAL JOB COST:	\$ 63,000

12/14

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
E-Mail		
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	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 completion 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, 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 completion 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)

ROD KRITSBERG

Signature

7/13/2020

Date

Notarization

State of New York, County of Queens

Sworn to or affirmed under penalty of perjury

13 day of July 2020

Notary Public Signature

Notary Seal

THERESA MICHELE FLEMING
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01FL6080852

Qualified in Queens County
 My Commission Expires 9-23-2022

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of C:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of C:	☐ Accept Revised Submission (Resolved)	