

PW3: Cost Affidavit

Must be typewritten.

☒ Orient and affix BIS
marking number label ☐

1 | Reason For Filing *Required for all applications.*

Reason for filing cost affidavit:

Cost information provided must be based on:

1A Indicate existing document number
affected by filing: 01

- | | |
|--|--|
| ☒ Initial Filing 2-7 | Estimated cost of construction |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☐ To obtain Sign-off 2-3, 5, 7 | Actual construction cost of completed work |

2 | Location Information *Required for all applications.*

House No(s) 239

Street Name West 4th Street

Borough Manhattan

Block 611

Lot 4

BIN1010820

C.B. No.102

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 (\$)
GENERAL CONST					
Non-Structural Demo	Removal of tenant finishes and non-load bearing partitions	83 SF	100/SF	8300	8,300.00
Interior Renovation	Install new tenant finishes and non-load bearing partitions	83 SF	336.75/SF	27950	27,950.00
PLUMBING	install two (2) sprinkler heads off domestic plumbing and related piping	3 fxt	1250/fxt	3750	3,750.00
			TOTAL JOB COST: \$		

**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 Indelman First Name Alta Middle Initial _____
 Business Name Alta Indelman, Architects Business Phone 212 219 1774 Business Fax _____
 Business Address 451 Broome Street, Suite 2E Mobile Phone _____
 City New York State NY Zip 10013 E-Mail airdelmanara@gmail.com
 License Number 15385 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Hernandez First Name Julio Middle Initial C
 Business Name 239 West 4th Street Property, LLC Business Phone 646 344 1914 Business Fax _____
 Business Address 177 Christopher Street Mobile Phone _____
 City New York State NY Zip 10014 E-Mail jchernandez@wmgottlieb.co

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, for 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 correctness of data, as 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)
Alta Indelman

Signature



P.E. / R.A. Seal (print name, title, 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, 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, for 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 correctness of data, as 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)
Julio C Hernandez
Signature

Date

09/29/20

Notarization
State of New York, County of Queens

Sworn to or affirmed under penalty of perjury

29th day of September 2020

Notary Public Signature OLENA MASTOV

Notary Seal
OLENA MASTOV
Notary Public, State of New York
No. 01MA6317066
Qualified in Queens County
Commission Expires December 22, 2018

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