



Must be typewritten.

DEPT BLDGS SUB NO: 120000022

Scan Code ESHS7500626

1	Reason For Filing <i>Required for all applications.</i>
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Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing:
☐ 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 <i>Required for all applications.</i>
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House No(s)	26	Street Name	WEST 23RD ST						
Borough	Manhattan	Block	824	Lot	53	BIN	1015574	C.B. No.	105

3	Cost Details <i>Required for all applications.</i>
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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 (\$)
ARCHITECTURAL	Renovation of interior retail store				145,000
MECHANICAL	Mechanical ductwork				25,000
PLUMBING	Install plumbing fixtures				6,000
			TOTAL JOB COST: \$		176,000

**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 **GRUSKIN** First Name **KENNETH** Middle Initial _____
 Business Name **GRUSKIN ARCHITECTURE + DESIGN, P.C.** Business Phone **(973) 376-4411** Business Fax **(973) 376-8989**
 Business Address **294 MORRIS AVENUE** Mobile Phone _____
 City **SPRINGFIELD** State **NJ** Zip **07081** E-Mail **KGRUSKIN@GRUSKINGROUP.COM**
 License Number **25528** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DELMOUR** First Name **ROBERT** Middle Initial _____
 Business Name **VERIZON** Business Phone **(908) 451-3366** Business Fax **(845) 365-7043**
 Business Address **100 SOUTHGATE PARKWAY** Mobile Phone **(908) 451-3366**
 City **MORRISTOWN** State **NJ** Zip **07960** E-Mail **ROBERT.DELMOUR@VERIZONWIRELESS.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, 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)

ROBERT DELMOUR

Signature

Robert Delmour

Date

3-26-19

Notarization

State of ~~New York~~ County of: **Union**

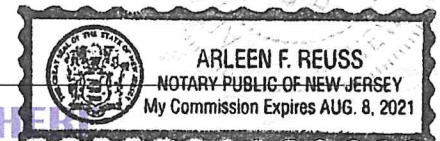
Sworn to or affirmed under penalty of perjury

26th day of **MARCH** 20 **19**

Notary Public Signature

Arleen F. Reuss

Notary Seal

**NOTARIZE HERE****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)		