

PW3

PAGE 2

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 Duchemin	First Name Gael	Middle Initial
Business Name Hermes of Paris	Business Phone (212) 835-6437	Business Fax
Business Address 55 East 59th Street,	Mobile Phone	
City New York	State NY	Zip 10022
E-Mail gael.duchemin@hermesofparis.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 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 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.*

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Name (print)

Gael Duchemin

Signature

Date
6/2/2020

Notarization

State of New York, County of: *New York*

Sworn to or affirmed under penalty of perjury

2 day of *June* 20 *20*

Notary Public Signature

Judi Iacullo

Notary Seal

JUDI IACULLO
Notary Public, State of New York
No. 011A6076978
Qualified in New York County
Commission Expires July 01, 2022

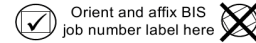
Internal Use Only

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)		



PW3: Cost Affidavit

Must be typewritten.



123394923

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) 46 Street Name Gansevoort Street

Borough Manhattan

Block 643

Lot 54

BIN 1012157

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

- | | | |
|-------------------------------------|-------------------------------------|-----------------------|
| ☐ | ☒ | 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 (\$)
OT-(General Cons)	General Construction work filed in conjunction with				1,500,000
	removal and installation of interior non bearing partitions				
MH-(Mechanical)	Mechanical work filed in conjunction with modification				250,000
	existing HVAC system as per plans				
PL- (Plumbing)	Plumbing work filed in conjunction with modifications				20,000
	to the existing plumbing fixtures as per plans				
OT- (Structural)	Structural work filed in conjunction with modifications				60,000
	as per plans				
			TOTAL JOB COST: \$		1,830,000

**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.*

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

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Name (print) Gael Duchemin	Notarization State of New York, County of:	Notary Seal
Signature	Sworn to or affirmed under penalty of perjury day of 20	
Date	Notary Public Signature	

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
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