

123720170



PW3: Cost Affidavit

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

Buildings
HAZ01-BA

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) 333 Street Name Rector Street

Borough Manhattan

Block 0016

Lot 7518

BIN 1017997

C.B. No. 101

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 Const	Interior removal kitchen	1	\$1500	\$1500	\$131,875
	Interior removal	450 sf	\$15	\$6,750	
	New doors and hardware	8	\$500	\$4,000	
	Tile bathroom flooring and walls	280 sf	\$25	\$7000	
	Tile kitchen back splash	115 sf	\$25	\$2,875	
	Kitchen cabinets and tops	40 lf	\$500	\$20,000	
	New millwork	80 lf	\$350	\$28,000	
	Partitions	450 sf	\$35	\$15,750	
	Prime and paint	1 ea	\$10,000	\$10,000	
	New wood flooring throughout	1600 sf	\$15	\$24,000	
	Closet interiors	4 ea	\$500	\$2,000	
	Appliances	4 ea	\$2,500	\$10,000	
(PL) Plumbing	Remove existing kitchen fixtures	1	\$750	\$750	\$13,700
	Remove existing bath tub	1	\$750	\$750	
	BR lav & Controls on new roughing	1	\$5,200	\$5,200	
	Kitchen sink on existing roughing	1	\$3,500	\$3,500	
	Dishwasher on existing roughing	1	\$3,500	\$3,500	
TOTAL JOB COST: \$				145,575.00	

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

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 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)

Brian K. Roelke

Signature

Date

Notarization: Massachusetts
 State of New York, County of: Berkshire

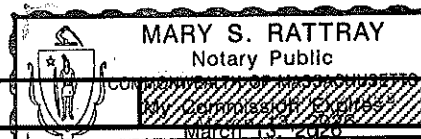
Sworn to or affirmed under penalty of perjury

28th day of August 20 20

Notary Public Signature

Mary Rattray

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)		