



PW3: Cost Affidavit
Must be typewritten.

☒ Orient and affix BIS job number label here ☒

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) 115 Street Name EAST 67 STREET

Borough MANHATTAN Block 1402 Lot 006 BIN 1076298 C.B. No. 108

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 (\$)
OT -004 FL	INTERIOR RENOVATION OF APARTMENT 4B	2145 sq ft			
PARTIAL DEMO	REMOVAL OF EXISTING KITCHEN & FINISHES	757 sq ft	25\$	18,925	18,925
	INSTALL NEW FINISHES AS PER PLANS- NEW LAYOUT- NEW GP WALLS/ CEILING/ELECTRICAL WITH FINISHES	757 sq ft	200\$	151,400	151,400
	NEW FLOORING, CLOSETS	496 sq ft	50\$	24,800	24,800
	NEW MILLWORK	155 sq ft	160\$	24,800	24,800
PLUMBING	CAP/REMOVE-TUB	2 FIX	500.00	1,000	1,000
	REPLACE 4 WC, 5 LAV,SINK,DISH WASHER, NONE-RESIDENT. SINK,TUB,WASHER,STOVE	15 FIX	1,500	22,500	22,500
	NEW 2 SHOWER	2 FIX	3,500	7,000	7,000
MECHANICAL	REPLACE EXISTING HVAC SYSTEM	24,000	BTU	40,000	40,000
TOTAL JOB COST: \$				290,425.00	

*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 **KUREK** First Name **RADOSLAW** Middle Initial
 Business Name **RAD DESIGN & ARCHITECT** Business Phone **(917)655-3372** Business Fax
 Business Address **231 NORMAN AVE, SUITE 411** Mobile Phone
 City **NEW YORK** State **NY** Zip **11222** E-Mail
 License Number **035643** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **DESCHENES** First Name **PETER JON** Middle Initial
 Business Name **N/A** Business Phone Business Fax
 Business Address **115 EAST 67 STREET, APT#4B** Mobile Phone **(617)512-7378**
 City **NEW YORK** State **NY** Zip **10065** 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 other document in connection 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.

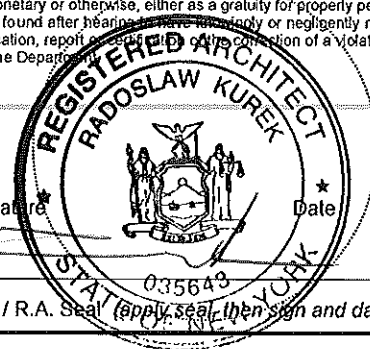
Name (print)

RADOSLAW KUREK R.A

Signature

Date

P.E. / R.A. Seal (Apply Seal, then 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 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 other document in connection 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)

PETER JON DESCHESES

Signature

Date

4/23/2020

Notarization

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

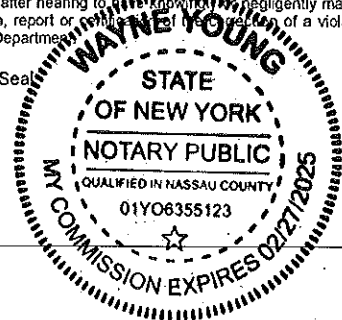
Sworn to or affirmed under penalty of perjury

23rd day of April 20 21

Notary Public Signature

Wayne Young

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)		