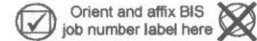


Alt. No. 123808683



PW3: Cost Affidavit

Must be typewritten.



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:
- ☐ 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) 32 Street Name Morton Street

Borough Manhattan Block 583 Lot 29 BIN 1009799 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.(OT)					
Exterior Renovation	Remove & replace defective single-wythe thick exterior brickwork along the exterior facades.	1,636 SF	\$55 SF	\$89,980	
	Remove & replace defective rowlock-type brick windowsill along the exterior facades.	292.75 lf	\$125 LF	36593.75	
	Remove & discard all railing assemblies along the main roof terrace; supply/install new code-compliant aluminum side-mounted railing assemblies.	85 LF	\$190 LF	\$16,150	
	Remove & replace the deteriorated fire escape handrail section between the 3rd & 4th flr along the west facade.	10 LF	\$205 LF	\$2,050	
	Remove/ replace single-wythe thick exterior brickwork panels between window lintel & windowsill above along the ext. elevations.	97.5 LF	-----	\$51,187.5	
	----- TO BE CONTINUED -----				
TOTAL JOB COST: \$				Continued	

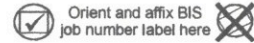
*List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.



PW3: Cost Affidavit

Must be typewritten.

Alt. No. 123808683



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:

- ☐ 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

Estimated cost of construction	
Estimated cost of construction	
Estimated cost of construction	
Actual construction cost of completed work	

2 | Location Information *Required for all applications.*

House No(s) 32

Street Name Morton Street

Borough Manhattan

Block 583

Lot 29

BIN 1009799

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)
- ☐ ☒ Fire Alarm (FA)
- ☐ ☒ Fuel Burning (FB)
- ☐ ☒ Fuel Storage (FS)
- ☐ ☒ Fire Suppression (FP)
- ☐ ☒ Mechanical (MH)
- ☐ ☒ Plumbing (PL)

- ☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

- ☒ ☐ 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 (\$)
General Const.(OT)	----- TO BE CONTINUED -----				
Exterior Renovation	Scrape/Prime/paint exposed underside surface				
	of window lintel steel along the exterior elevations	39.5 LF	\$15 LF	\$592.50	
	Bolt new steel angles to the interior side of the				
	window mullion.	-----	-----	\$3,900	200453.75
	----- END -----				
			TOTAL JOB COST: \$ 200,453.75		

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

5 Owner/Lease Holder Information

Last Name King	First Name Matthew	Middle Initial
Business Name c/o Buchbinder & Warren, LLC	Business Phone (212) 243-6722	Business Fax
Business Address 1 Union Square West, 4th Floor	Mobile Phone	
City New York	State NY	Zip 10003
E-Mail mwking851@gmail.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)

Matthew King

Signature

Date

11/12/2020

Notarization

State of New York, County of: Nassau

Sworn to or affirmed under penalty of perjury

12 day of November 2020

Notary Public Signature

Colleen Burke

Notary Seal

COLLEEN BURKE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01BU6392261
Qualified in Nassau County
Commission Expires May 20, 2023

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)		