



28618-PW-308-799530



### PW3: Cost Affidavit

*Must be typewritten.*

☒ Orient and affix BIS job number label here ~~~~

123819145

[illegible]

*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   | E-Mail                               |                                                |
| Choose One:      | <input type="checkbox"/> P.E.        | <input checked="" type="checkbox"/> R.A.       |
|                  | <input type="checkbox"/> Sign Hanger | <input type="checkbox"/> Other (specify) _____ |

**5 Owner/Lease Holder Information**

|                  |                |                |              |                |
|------------------|----------------|----------------|--------------|----------------|
| Last Name        | ATHENSON       | First Name     | PETER        | Middle Initial |
| Business Name    | E 35 OWNER INC | Business Phone | 212 707 5042 | Business Fax   |
| Business Address | 870 7 AVENUE   | Mobile Phone   |              |                |
| City             | NY             | State          | NY           | Zip            |
|                  |                |                | 10019        | 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)  
**PETER ATHENSON**  
Signature  
Date  
**11/30/21**

Notarization  
State of New York, County of: **NY**  
Sworn to or affirmed under penalty of perjury  
**30** day of **November** 20 **21**  
Notary Public Signature  
*[Signature]*

Notary Seal  
**PENNY LAUGHLIN**  
NOTARY PUBLIC STATE OF NEW YORK  
NO. 01LA0080951  
QUALIFIED IN RICHMOND COUNTY  
COMMISSION EXPIRES JUNE 30, **2023**

| Internal Use Only        |                                                                                       |                                       |          |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |