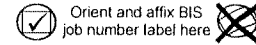




PW3: Cost Affidavit

Must be typewritten.



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
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2 Location Information Required for all applications.

House No(s) 690	Street Name 10TH AVE
Borough MANHATTAN	Block 1058 Lot 03 BIN C.B. No.

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 (GC)	gas meter room partitons	50SF	\$90/SF	4,500	4,500
pl	RELOCATE GAS METERS	12 FIX	\$2,000/FIX	\$24,000	24,000
TOTAL JOB COST: \$				28,500	

*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	KAMBANIS	First Name	EMANUEL	Middle Initial	
Business Name	GKA DESIGN GROUP, INC	Business Phone	7187294100	Business Fax	
Business Address	10-57 JACKSON AVE			Mobile Phone	
City	LIC	State	NY	Zip	11101
E-Mail	gkadesign@aol.com				
License Number	028318	Choose One:	☐ P.E.	☒ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	PARPIS	First Name	JOHN	Middle Initial	
Business Name	690 10TH AVE REALTY COR	Business Phone	9176134728	Business Fax	
Business Address	30-15 30TH STREET			Mobile Phone	
City	ASTORIA	State	NY	Zip	11102
E-Mail	johnparpis@gmail.com				

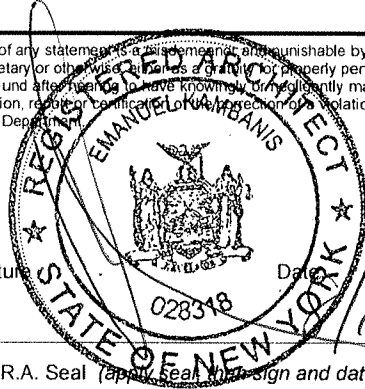
6 Design Applicant's Statements and Signatures

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 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)

EMANUEL KAMBANIS

Signature



P.E. / R.A. Seal (Apply Seal and 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)

JOHN PARPIS

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

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)		