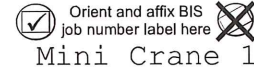




PW3: Cost Affidavit

Must be typewritten.



1 Reason For Filing <i>Required for all applications.</i>		
Reason for filing cost affidavit: ☐ Initial Filing 2-7	Cost information provided must be based on: Estimated cost of construction	1A Indicate existing document number affected by filing: 1

2	Location Information <i>Required for all applications.</i>				
House No(s) 112		Street Name West 25th Street			
Borough Manhattan		Block 800	Lot 49	BIN 1014986	C.B. No. 104

3	Cost Details <i>Required for all applications.</i>
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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) Mini Crane			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Use of mini crane as per plans filed herewith.		130	130	130
	Filed in conjunction with NB-121187214.				
			TOTAL JOB COST: \$ 130		

**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	Shapiro	First Name	Jay	Middle Initial	P
Business Name	Howard I. Shapiro & Associat	Business Phone	516-791-2600	Business Fax	516-791-5425
Business Address	266 Merrick Road - Suite 300			Mobile Phone	
City	Lynbrook	State	NY	Zip	11563
License Number	060078	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name	Lam	First Name	Jeffrey	Middle Initial	
Business Name	LamGen25 LLC	Business Phone	212-645-3468	Business Fax	
Business Address	155 Grand Street - 3rd Floor			Mobile Phone	
City	New York	State	NY	Zip	10001
E-Mail	jefflam@lamgeneration.co				

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

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)	Notarization	Notary Seal
Jeffrey Lam	State of New York, County of: New York	SAMMIE HUANG Notary Public, State of New York Qualified in New York County No. 01HU0114472 Commission Expires 8/16/ 2024
Signature	Sworn to or affirmed under penalty of perjury	
Date	Notary Public Signature	
6/24/19	24th day of June 20 19	

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)		