

Must be typewritten.



849/08-SDR

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) 817

Street Name EAST 168TH STREET

Borough Bronx

Block 2682

Lot 46

BIN 2005076

C.B. No. 3

3 | Cost Details *Required for all applications.*

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material 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 and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. ***“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

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

Yes No

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

Yes No

☐ ☒ 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 (\$)
FUEL STORAGE	REPLACE TWO (2) 275 GALLON FUEL OIL TANKS	2	3,000	6,000	6,000
			TOTAL JOB COST: \$	6,000	

**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 RUDIKOFF, P.E. First Name NEAL Middle Initial M.
 Business Name NEW YORK ENGINEERING ASSOC Business Phone 631-753-0333 Business Fax 631-753-0427
 Business Address 270 SPAGNOLI ROAD STE 204 Mobile Phone _____
 City MELVILLE State NY Zip 11747 E-Mail _____
 License Number 050579 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name PASTOR First Name GEORGE Middle Initial _____
 Business Name ESTATE OF H. PRUITT Business Phone 201-837-1838 Business Fax _____
 Business Address C/O HARRY KAY ENTERPRISES, 113 VOORHEES STREET Mobile Phone _____
 City TEANECK State NJ Zip 07666 E-Mail _____

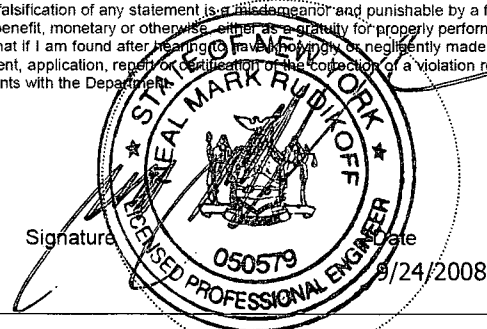
6 Design Applicant's Statements and Signatures

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)

NEAL M. RUDIKOFF, P.E.

Signature



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)

GEORGE PASTOR

Signature

Date

Notarization

State of New York, County of KINGS

Sworn to or affirmed under penalty of perjury

26 day of 9/sep 2008

Notary Public Signature

Robert A. Carini

Notary Seal

ROBERT A. CARINI
 Notary Public, State of New York
 No. 01CA5610686
 Qualified in Kings County
 Commission Expires Aug 31, 2010

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