



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 220101869



Scan Code ESHS8560531

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:

2 Location Information *Required for all applications.*

House No(s) 191

Street Name EAST 161 STREET

Borough BRONX

Block 2460

Lot 25

BIN 2002806

C.B. No. 204

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

- ☐ ☒ 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) TEMP FENCE

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
MH	INSTALL NEW KITCHEN HOOD	1	50000	50000	
	REPLACE EX HVAC AT ROOF	15 TON	2000	30000	80000
PL	INSTALL NEW SPRINKLER	3	2000	6000	
	INSTALL NEW WALK IN COOLER	1	2000	2000	
	INSTALL NEW GAS FIXTURES	6	2000	12000	
	INSTALL NEW PL FIXTURES	4	2000	8000	
	RELOCATE PL FIXTURES	2	2000	4000	
	INSTALL NEW HWH	1	2000	2000	
	INSTALL SHUT OFF VALVE	1	2000	2000	36000
OT	TEMP WOOD FENCE				
	REPAINT & REPATCH WALL & FLOOR				
	INSTALL NEW PARTITIONS				
	INSTALL NEW STORE FRONT				
	INSTALL NEW CABINET & COUNTER	2588 SF	45	116460	116460
				TOTAL JOB COST: \$ 232,460	

*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 **Chang** First Name **Jong Hae** Middle Initial _____
 Business Name **Jong Hae Chang Architect** Business Phone **718-225-2400** Business Fax _____
 Business Address **36-30 Bell Blvd. 2FL** Mobile Phone **347-752-7837**
 City **Bayside** State **NY** Zip **11361** E-Mail **jhcharch@aol.com**
 License Number **033205** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Nasser** First Name **David** Middle Initial _____
 Business Name **Sheridan Market** Business Phone _____ Business Fax **347-918-8114**
 Business Address **191 E 161 Street** Mobile Phone **201-923-1910**
 City **Bronx** State **NY** Zip **10451** E-Mail **sheridanmarket@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)

Jong Hae Chang, RA

Signature

P.E. / R.A. Seal (apply seal then sign and date over seal)

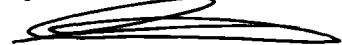
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

David Nasser

Signature



Date

08/10/2016

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)		