

DEPT. BLDGS. 220110029 Job Number
SC100219031 Scan Code

1	Reason For Filing <i>Required for all applications.</i>
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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:
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2	Location Information <i>Required for all applications.</i>
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House No(s)	662	Street Name	East Fordham Road						
Borough	Bronx	Block	3091	Lot	22	BIN	2012572	C.B. No.	206

3	Cost Details <i>Required for all applications.</i>
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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. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. ***“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)		Marquee (OT/MAR)		Exterior Renovation
☐	☒		☐		☒
	Plumbing (PL)		(Describe) _____		(Describe) <u>Parking</u>

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
(OT) Parking	Off-site parking application in conjunction with NB application # 210007785	1	30,000	30,000	30,000
			TOTAL JOB COST: \$ \$30,000		

**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. For enlargements, only items associated with work performed in the existing area should be listed.*

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 020765Last Name EvenFirst Name Michael

Middle Initial _____

Business Name E M Design GroupBusiness Phone 212-246-4080Business Fax 212-246-4081Business Address 265 West 37th Street

Mobile Phone _____

City New YorkState NYZip 10019

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name DaneshvarFirst Name Sean

Middle Initial _____

Business Name 625 East Fordham LLCBusiness Phone 718-367-2838

Business Fax _____

Business Address 625 East Fordham Road

Mobile Phone _____

City BronxState NYZip 10458

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)

Michael Even, RA

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)

Sean Daneshvar

Signature

Date

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

24 day of March20 11

Notary Public Signature

Notary Seal

DAWN KANTOR
Notary Public, State of New York
No. 01KA6049578
Qualified in Kings County
Commission Expires Oct. 23, 20 11

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		