



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 220145965



Scan Code ESHS4241329

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

2 Location Information *Required for all applications.*

House No(s) 699

Street Name MORRIS AVENUE

Borough BRONX

Block 2442

Lot 65

BIN 2116168

C.B. No. 201

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) _____

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Prefabricated extension	flat fee	27,140	27,140	
	Remove part of wall	10 LF	100/LF	1,000	
	Install one beam W 8' x 24'	1	1,000	1,000	
	Footing	5 CY	200/CY	1,000	
	Install interior partitions	500 SF	20/SF	10,000	
	Install doors and walk-up window	3	1,000/EA	3,000	
	Install new drop ceiling	1200 SF	10/SF	12,000	
	Floor tiling	1200 SF	5.8/SF	6,960	
	Finishes	Flat fee	10,000	10,000	72,100
PL	Install plumbing fixtures and related piping	3,300/EA	9,900	9,900	9,900
MH	Install HVAC system and related piping	1	33,750	33,750	33,750
				TOTAL JOB COST: \$ 115,750	

*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 **KHANZADA** First Name **NASIR** Middle Initial **J**
 Business Name **NASIR J. KHANZADA, LLC** Business Phone **212-380-1543** Business Fax **718-989-9200**
 Business Address **181-24 HILLSIDE AVENUE, 2ND FLOOR** Mobile Phone **516-410-6903**
 City **QUEENS** State **NY** Zip **11432** E-Mail **njkconsulting@gmail.com**
 License Number **074869** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SINGH** First Name **GURNAM** Middle Initial _____
 Business Name **N/A** Business Phone _____ Business Fax _____
 Business Address **699 MORRIS AVENUE** Mobile Phone **516-806-7376**
 City **BRONX** State **NY** Zip **10459** E-Mail **dhanota@verizon.net**

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)

GURNAM SINGH

Signature

Gurnam Singh

Date

09-23-19

Notarization

State of New York, County of: *Queens*

Sworn to or affirmed under penalty of perjury

23 day of **2019**

Notary Public Signature

[Signature]

Notary Seal

M CARMELLE JEAN FRANCOIS
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01JE6224432
 Qualified in Queens County
 Commission Expires July 6, 2022

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)		