



Must be typewritten.

Scan Code ESHS6934044

Reason for filing cost affidavit:

1A Indicate existing document number
affected by filing:

- ## 2 Location Information *Required for all applications.*

Street Name **EAST 206 STREET**

C.B. No. 207

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.**

Yes No

- Yes No**

- Yes No

- ☐ ☒ General Construction (OT)
- ☐ Partial Demolition
- ☐ Non-Structural Demolition
- ☐ Structural Work
- ☐ Interior Renovation
- ☐ Exterior Renovation
- ☐ (Describe) _____

*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 _____ First Name _____ Middle Initial _____
 Business Name _____ Business Phone _____ Business Fax _____
 Business Address _____ Mobile Phone _____
 City _____ State _____ Zip _____ E-Mail _____
 License Number 65403 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name MIGUEZ First Name FATHER RAUL Middle Initial _____
 Business Name ST. BRENDAN - ST. ANN PARISH Business Phone (718) 547-6655 Business Fax _____
 Business Address 333 EAST 206 STREET Mobile Phone _____
 City BRONX State NY Zip 10467 E-Mail _____

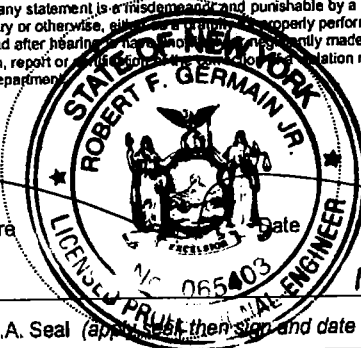
6 Design Applicant's Statements and Signatures

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 other document, or to violate any regulation 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 _____

P.E. / R.A. Seal (applicant 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)

FATHER RAUL MIGUEZ

Signature

Date

08/22/17

Notarization

State of New York, County of: BRONX

Sworn to or affirmed under penalty of perjury

22nd day of AUGUST 20 17

Notary Public Signature

Notary Seal

ALFRED F. MICHITSCH
 Notary Public, State of New York
 No. 01MI6061698
 Qualified in Queens County
 Commission Expires July 16, 2019

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)		