



PW3: Cost Affidavit

Must be typewritten.



1	Reason For Filing <i>Required for all applications.</i>		
Reason for filing cost affidavit: ☒ Initial Filing 2-7		Cost information provided must be based on: Estimated cost of construction	1A Indicate existing document number affected by filing:

2	Location Information <i>Required for all applications.</i>						
	House No(s)	2240	Street Name	East Tremont Avenue			
	Borough	Bronx	Block	3944	Lot	7501	BIN 2096757
							C.B. No. 209

3	Cost Details Required for all applications.
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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	Yes	No	Yes	No
☐	☒	☐	☒	☒	☐
	Boiler (BL)		Standpipe (SD)		General Construction (OT)
☐	☒	☐	☒		☐ Partial Demolition
	Fire Alarm (FA)		Sprinkler (SP)		☐ Non-Structural Demolition
☐	☒	☐	☒		☐ Structural Work
	Fuel Burning (FB)		Signs (SG)		☐ Interior Renovation
☐	☒	☐	☒		☐ Exterior Renovation
	Fuel Storage (FS)		Other (OT)		☒ (Describe) <u> </u> Facade Restoration
☐	☒		☐ Antenna (OT/ANT)		
	Fire Suppression (FP)		☐ Fire Protection Plan (OT/FPP)		
☐	☒		☐ Marquee (OT/MAR)		
	Mechanical (MH)		☐ (Describe)		
☐	☒				
	Plumbing (PL)				

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
Construction (OT):	2 wythe lintel replacement as indicated on drawings	300 LF	\$195/LF	\$58,500.00	\$211,826.00
Facade Restoration	3 wythe lintel replacement as indicated on drawings	35 LF	\$240/LF	\$8,400.00	
	Brick Replacement and waterproofing as indicated on drawings	926 SF	\$45/SF	\$41,670.00	
	Column rebuild as indicated on drawings	68 LF	\$194/LF	\$13,200.00	
	Coping stone replacement allowance	5 EACH	\$120/EACH	\$600.00	
	Cornet rebuild as indicated on drawings	1675 LF	\$20/LF	\$33,500.00	
	Install new RGS Products railings to minimum height of 46" above roof surface	81 LF	\$209/LF	\$17,000.00	
	Mortar repointing as indicated on drawings	3163 SF	\$12/SF	\$37,956.00	
	Scrape, prime, and paint the steel lintels allowance	50 LF	\$20/LF	\$1,000.00	
					\$211,826.00
			TOTAL JOB COST: \$	423,652.00	

**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 Sullivan First Name Brian Middle Initial _____
 Business Name Sullivan Engineering, LLC Business Phone 973 706-8584x1 Business Fax _____
 Business Address 409 Minnisink Road, Suite 103 Mobile Phone _____
 City Totowa State NJ Zip 07512 E-Mail bsullivan@sullivanengineeringllc.com
 License Number 088575 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Torres First Name Michael Middle Initial _____
 Business Name Parkchester North Condominium Business Phone 718 931-2455 Business Fax _____
 Business Address 1970 East Tremont Avenue Mobile Phone _____
 City Bronx State NY Zip 10462 E-Mail mtorres@ppmgt.nyc

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)

Brian Sullivan

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)

Michael Torres

Signature

Date

2/28/19

Notarization

State of New York, County of: Burr

Sworn to or affirmed under penalty of perjury

28th day of February 20 19

Notary Public Signature

Lillie Mascia

Notary Seal

LILLIE MASCIA
 NOTARY PUBLIC, STATE OF NEW YORK
 NO. 03-4818399
 QUALIFIED IN BRONX COUNTY
 COMMISSION EXPIRES DEC 31, 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)		