



PW3: Cost Affidavit

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

1 Reason For Filing Required for all applications.

Reason for filing cost affidavit:	Cost information provided must be based on:	1A Indicate existing document number affected by filing:
☐ Initial Filing 2-7	Estimated cost of construction	
☐ Prior to Approval Actions 1A, 2-7	Estimated cost of construction	
☐ Post Approval Amendment (PAA) 1A, 2-7	Estimated cost of construction	
☒ To obtain Sign-off 2-3, 5, 7	Actual construction cost of completed work	

2 Location Information Required for all applications.

House No(s) 3715 Street Name Pratt Avenue
 Borough Bronx Block 4939 Lot 44 BIN 2066217 C.B. No. 212

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	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)	☐ Fire Protection Plan (OT/FPP)	☐ Exterior Renovation
☐ ☒ Plumbing (PL)	☐ Marquee (OT/MAR)	☒ (Describe) SOLAR
	☐ (Describe) _____	

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
GEN CONST.	EQUIPMENT	1	10,229	10,229	10,229
	LABOR	1	15,621	15,621	15,621
	BALANCE OF SYSTEM	1	2,557	2,557	2,557
TOTAL JOB COST: \$					28,406

*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 **STOUT** First Name **JAMES** Middle Initial _____
 Business Name **JAMES J STOUT ARCHITECT & ASSOCIATES P.C.** Business Phone **203-792-9907** Business Fax _____
 Business Address **2 Greg Lane** Mobile Phone **(631) 858-9388**
 City **EAST NORTHPORT** State **NY** Zip **11731** E-Mail **NYCSUBMISSIONS@JAMESSTOUTARCH.COM**
 License Number **021633** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **McDonald** First Name **Trevor** Middle Initial _____
 Business Name _____ Business Phone **(917) 613-2796** Business Fax _____
 Business Address **3715 Pratt Avenue** Mobile Phone _____
 City **Bronx** State **NY** Zip **10466** E-Mail **SPDINSTALL@SOLOGISTICS.US**

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)

JAMES STOUT

Signature

Date

03/27/2019

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)

Trevor McDonald

Signature

Trevor McDonald

Date

02/28/2019

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

28th day of February 2019

Notary Public Signature

K. Francis

Notary Seal

KIMOYA FRANCIS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FR6332953
Qualified in Bronx County
My Commission Expires November 09, 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)		