

PW3: Cost Affidavit

Must be typewritten.



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 *Required for all applications.*

House No(s) 660	Street Name 50 STREET			
Borough BROOKLYN	Block 793	Lot 25	BIN 3013357	C.B. No. 307

3	Cost Details Required for <i>all</i> applications.
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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. ***"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) _____
			☐		
			(Describe)		

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
GEN. CONST.	ERECT MINOR INTERIOR WALL	2000	20	40000	40000
PLUMBING	GAS BOILER	2	1500	3000	
	HOT WATER HEATER	2	1000	2000	
	GAS METER	2	1500	3000	
	BATHROOM	4	2500	10000	
	FLOOR DRAIN	1	1000	1000	
	KITCHEN	1	2000	2000	21000
SPRINKLER	SPRINKLER HEADS	45	500	22500	22500
			TOTAL JOB COST: \$		83500

**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	SCHNEIDER	First Name	STEVE	Middle Initial	
Business Name	SCHNEIDER ASSOCIATES	Business Phone	908-755-0059	Business Fax	
Business Address	866 JOHNSTON DRIVE			Mobile Phone	
City	WATCHUNG	State	NJ	Zip	07069
E-Mail					
License Number	54776	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
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)

STEVE SCHNEIDER

Signature



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)

JIN YUE YOU

Signature

Jin Yue You

Date

Notarization

State of New York, County of: KINGS

Sworn to or affirmed under penalty of perjury

23rd day of January 20 09

Notary Public Signature

[Signature]

Notary Seal

KWOK KWONG LEE
 Notary Public, State of New York
 No. 01LE5076533
 Qualified in Kings County
 Commission Expires April 21, 2011