



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) 100 Street Name 8TH AVENUE
Borough Brooklyn Block 1067 Lot 39 BIN 3024762 C.B. No. 6

3 Cost Details Required for all applications.

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) ABANDON TANK |
| | ☐ (Describe) | |

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
PL PLUMBING	REPLCE GAS BURNER	CELLAR	16,000	16,000	16,000
OT GEN' CONSTRUCT	ABANDON FUEL OIL TANK	CELLAR	2,000	2,000	2,000
TOTAL JOB COST: \$				18,000	

*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 RUDIKOFF, P.E. First Name NEAL Middle Initial M.
 Business Name NEW YORK ENGINEERING ASSOCI Business Phone 631-753-0333 Business Fax 631-753-0427
 Business Address 270 SPAGNOLI ROAD STE 204 Mobile Phone _____
 City MELVILLE State NY Zip 11747 E-Mail INFO@NYEAPC
 License Number 050579 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name ABER First Name DAVID Middle Initial _____
 Business Name 100 EIGHTH LLC Business Phone 718-638-8888 Business Fax _____
 Business Address C/P BERMAN REALTY, 105 7TH AVENUE Mobile Phone _____
 City BROOKLYN State NY Zip 11203 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 is 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)

NEAL M. RUDIKOFF, P.E.

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)

DAVID ABER

Signature

Date

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

4TH day of May 2009

Notary Public Signature

Notary Seal

DOUGLAS ALLEN
 Notary Public, State of New York
 No. 24-01A4982171
 Qualified in Kings County
 Certificate filed in New York County
 Queens County
 Commission Expires Aug-28-2009

OWNER →