

DEPT. BLDGS. 320278061 Job Number

SC100219032 Scan Code

1	Reason For Filing <i>Required for all applications.</i>
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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 <i>Required for all applications.</i>
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House No(s)	23	Street Name	Montana Place						
Borough	Manhattan	Block	8615	Lot	35	BIN	3243132	C.B. No.	318

3	Cost Details <i>Required for all applications.</i>
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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. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. ***“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
☐	☒		Marquee (OT/MAR)		☐
	Mechanical (MH)		(Describe) _____		Exterior Renovation
☐	☒				☐
	Plumbing (PL)				(Describe) _____

[illegible]

**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. For enlargements, only items associated with work performed in the existing area should be listed.*

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

License Number _____

Last Name Kleinmann

First Name Joseph

Middle Initial J

Business Name Kleinmann Architects

Business Phone 212-877-8075

Business Fax 212-42-9500

Business Address 74 Broad Street, 4th Floor

Mobile Phone _____

City New York

State NY

Zip 10004

E-Mail joseph@kleinmannarchi

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Cwalina

First Name Zbigniew

Middle Initial S

Business Name _____

Business Phone 718-241-5118

Business Fax _____

Business Address 23 Montana Place

Mobile Phone _____

City Brooklyn

State New York

Zip 11234

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)

Joseph J Kleinmann

Signature

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)

Zbigniew S Cwalina

Notarization

State of New York, County of: NY

Sworn to or affirmed under penalty of perjury

23 day of Feb 2011

Notary Public Signature

K Baptiste

Notary Seal

KEISHA BAPTISTE
Notary Public, State of New York
No. 01BA6177243
Qualified in Kings County
Term Expires November 13, 2011

Signature

Date

2/15/11

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		