



PW3: Cost Affidavit

Must be typewritten.



1 Reason For Filing Required for all applications.

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:

2 Location Information Required for all applications.

House No(s) 2125 Street Name EAST 12TH STREET
Borough BROOKLYN Block 7364 Lot 69 BIN 3199516 C.B. No. 315

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. 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 |
| ☒ ☐ Mechanical (MH) | ☐ Marquee (OT/MAR) | ☐ Exterior Renovation |
| ☒ ☐ Plumbing (PL) | ☐ (Describe) _____ | ☐ (Describe) _____ |

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
MECHANICAL	INSTALLATION OF MECH. VENT FOR PWDR ROOM ON 2ND FLOOR	1	1000	1000	1000
PLUMBING	REPLACE FIXTURES ON EXTG ROUGHING	10	750	7500	
	REMOVE FIXTURES ON 1ST FLOOR	3	500	1500	
	NEW FIXTURES ON 2ND FLOOR	2	1000	2000	11000
GEN CONS	REMOVE PARTITIONS IN CELLAR	1	1500	1500	
	ADDITION OF CLOSETS ON 1ST FL	4	500	2000	
	REMOVE DOOR & RAMP IN REAR 1ST FL	1	1000	1000	
	REPAIR FLOORS ON 1ST AND 2ND FLOOR	2	2500	5000	
	ADDITION OF CLOSETS ON 2ND FL	4	500	2000	
	MISC REPAIRS	1	5200	5200	
	REMOVE PARTITIONS ON 2ND FL	1	3000	3000	
					19700
TOTAL JOB COST: \$				31700	

*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

First Name

Middle Initial

Business Name

Business Phone

Business Fax

Business Address

Mobile Phone

City

State

Zip

E-Mail

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

Last Name greco

First Name Clemy

Middle Initial

Business Name

Business Phone 917-753-9779

Business Fax

Business Address 2125 East 13 Street

Mobile Phone

City Brooklyn

State NY

Zip 11223

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)

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)
Clemy Greco

Signature

Date

Notarization

State of New York, County of: Brooklyn

Sworn to or affirmed under penalty of perjury

17 day of May 20 14

Notary Public Signature

Notary Seal

KEVIN QNG
Notary Public, State of New York
No. 01ON6165104
Qualified in Nassau County
Commission Expires May 7, 2015

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)		