

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:

- ☒ 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) 1268

Street Name East 102 Street

Borough Brooklyn

Block 8266

Lot 72

BIN 3233049

C.B. No. 318

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

☐ ☒ Boiler (BL)
☐ ☒ Fire Alarm (FA)
☐ ☒ Fuel Burning (FB)
☐ ☒ Fuel Storage (FS)
☐ ☒ Fire Suppression (FP)
☒ ☐ Mechanical (MH)
☒ ☐ Plumbing (PL)

Yes No

☐ ☒ Standpipe (SD)
☐ ☒ Sprinkler (SP)
☐ ☒ Signs (SG)
☐ ☒ Other (OT)
 ☐ Antenna (OT/ANT)
 ☐ Fire Protection Plan (OT/FPP)
 ☐ Marquee (OT/MAR)
 ☐ (Describe)

Yes No

☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☐ Interior Renovation

☐ Exterior Renovation

☒ (Describe)

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	Demolition and reconstruction of foundation	1	564,899	564,899	564,899
	Installation of helical piles				
MH		1	6,000	6,000	6,000
PL	Relocation of existing water meter	1	6,000	6,000	6,000
			TOTAL JOB COST: \$ 576,899		

**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	Bouler	First Name	James	Middle Initial	
Business Name	Bouler Pfluger Architects	Business Phone	(631)969-3335	Business Fax	(631)969-3335
Business Address	12 West Main Street			Mobile Phone	
City	Bayshore	State	NY	Zip	11706
E-Mail					
License Number	029421	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Bouler	First Name	James	Middle Initial	
Business Name		Business Phone	(631)969-3335	Business Fax	
Business Address	12 West Main Street			Mobile Phone	
City	Bayshore	State	NY	Zip	11706
E-Mail	bkelevations@bparchs.co				

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)

James Bouler

Signature



Date 6/9/16

P.E. / R.A. Seal (apply seal over 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)

James Bouler

Signature

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Seal

Date

Notary Public Signature

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)		