



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 321490212



Scan Code ESHS9134563

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: <u>01</u>
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2	Location Information <i>Required for all applications.</i>
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House No(s)	3201	Street Name	NEPTUNE AVENUE		
Borough	Brooklyn	Block	6964	Lot	2
			BIN	3331083	C.B. No. 313

3	Cost Details <i>Required for all applications.</i>
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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		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 (\$)
GC	Exterior Brick Masonry, damaged window sill replacement, roofing replacement	5,197 Sq Ft	58.04 / Sq Ft	3,035,304	3,035,304
	bulkhead repair, storefront, and related construction for sandy recovery program				
ST	Structural pads, reinforcement, and beams for sandy recovery program	1 Bldg	1,216,800 / Bldg	1,216,800	1,216,800
MH	Pumps, Piping, Controls, Heat Pumps, Exhaust Fans	1 Bldg	365,195 / Bldg	365,195	365,195
PL	Installation of water, sanitary, service, domestic water pump, floor drains,	28 Fixtures	25,463.07 / Fixture	712,966	712,966
	storm roof drains, and RPZ backflow preventer.				
			TOTAL JOB COST: \$		5,330,265

**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 RUELA First Name FRANCISCO Middle Initial A
 Business Name HAKS ENG. ARCH. & LAND SURVEYORS.PC Business Phone (212) 747-1997 Business Fax (212) 747-1947
 Business Address 40 WALL STREET, 11TH FLOOR Mobile Phone () -
 City NEW YORK State NY Zip 10005 E-Mail FRUELA@HAKS.NET
 License Number 028269 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

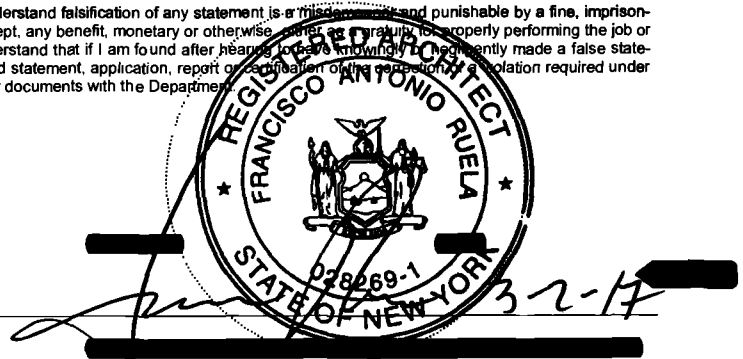
5 Owner/Lease Holder Information

Last Name SACCACIO First Name STEVEN Middle Initial _____
 Business Name OFFICE OF THE VP FOR DISASTER RECOVERY Business Phone (212) 306-8321 Business Fax () -
 Business Address 250 BROADWAY Mobile Phone () -
 City NEW YORK State NY Zip 10007 E-Mail STEVEN.SACCACIO@NYCHA.NYC.GOV

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)

FRANCISCO RUELA**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)

STEVEN SACCACIO

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

day of _____ 20____

Notary Public Signature

3/4/17

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)		