



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 321545413



Scan Code ESHS0796106

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: 01

2 Location Information Required for all applications.

House No(s) 162

Street Name 8th AVENUE

Borough BROOKLYN

Block 1071

Lot 30

BIN 3024933

C.B. No. 306

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 (\$)
Gen Construct (OT)	DEMOLISH NON-BEARING INTERIOR	160 SF	\$25/SF	\$4,000	
Non-Struct Demo:	PARTITIONS, FIXTURES, AND FINISHES				
Interior Renovation:	CONSTRUCT NON-BEARING INTERIOR	160 SF	\$237.5/sf	\$38,000	\$42,000
	PARTITIONS, FIXTURES AND FINISHES				
Plumbing (PL)	PLUMBING FIXTURE REPLACEMENT	7 FIXT	\$3000/fixt	\$21,000	\$21,000
	AND RELOCATION				
MECHANICAL	RELOCATE ONE LAUNDRY EXHAUST DUCT	1 DUCT	\$1,000	\$1,000	
(MH)	& INSTALLATION OF TWO NEW HVAC UNITS				
	W/ RELATED AIR HANDLERS & DUCTWORK	4 TONS	\$12,000/ton	\$48,000	\$49,000
TOTAL JOB COST: \$					\$112,000

*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.

FLL OK
[Signature]

4 Design Applicant Information

Last Name Anz/Cap/Zen/Menelik First Name Jam/Car/Cal/Kal Middle Initial _____
 Business Name ANZALONE ARCHITECTURE Business Phone 718-852-8580 Business Fax 347-214-0124
 Business Address 332 DOUGLASS STREET, 2F Mobile Phone _____
 City BROOKLYN State NY Zip 11217 E-Mail james@jamesanzalone.co
 License Number 26010 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Springer First Name Jamie Middle Initial _____
 Business Name N/A Business Phone 347-977-7018 Business Fax _____
 Business Address 162 8th Avenue #4L Mobile Phone _____
 City Brooklyn State NY Zip 11215 E-Mail jspringer@hraadvisors.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 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 I. ANZALONE, R.A.

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)

Jamie Springer

Signature

Date

12/18/17

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		