



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 321765997



Scan Code ESHS3418042



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: 1

2 Location Information Required for all applications.

House No(s) 800

Street Name Cortelyou Road

Borough Brooklyn

Block 5392

Lot 1

BIN 3126867

C.B. No. 312

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	Brick Replacement	55 SF	50/SF	2750	2750
	Stone Repair	40 LF	250/LF	10000	10000
	Lintel Replacement	21 LF	416/LF	8736	8736
	Pointing	17 SF	5/SF	85	85
	Sill Replacement	24 LF	350/LF	8400	8400
	Scrape, Prime and Paint Lintel	22 LF	200/LF	4400	4400
	Decorative Tile Replacement with Brick replacement	5 SF	50/SF	250	250
	Additional Brick Replacement	85 SF	50/SF	4250	4250
	Additional Stone Repair	10 LF	250/LF	2500	2500
	Additional Lintel Replacement	8 LF	416/LF	3328	3328
	Additional Pointing	2737 SF	5/SF	13685	13685
	Additional Sill Replacement	40 LF	350/LF	14000	14000
	Additional Scrape, Prime & Paint Lintel	13 LF	200/LF	2600	2600
	Additional Decorative Tile Replacement	7 SF	50/SF	350	350
	New Scope Caulking	4966 LF	1/LF	4966	4966
				TOTAL JOB COST: \$80300	

*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 Salamon First Name David Middle Initial _____
 Business Name Salamon Engineering PLLC Business Phone 212-465-1616 Business Fax 212-643-2076
 Business Address 330 West 38 Street Suite 402 Mobile Phone _____
 City New York State NY Zip 10018 E-Mail seggrp@gmail.com
 License Number 060930 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Eisenberg First Name Heshy Middle Initial _____
 Business Name 800 Cortelyou Owners Corp Business Phone 718-633-7700 Business Fax _____
 Business Address 5614 15th Avenue, Suite 1A Mobile Phone _____
 City Brooklyn State NY Zip 11219 E-Mail heshy@newport-manage

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)

David Salamon, P.E.

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)

Heshy Eisenberg

Signature

Date

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

4 day of April 20 19

Notary Public Signature

Notary Seal

JOANNA BALZANO
 Notary Public State of New York
 NO. 01BA5055228
 Qualified In Richmond County
 Commission Expires 02/05/22

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)		