



PW3: Cost Affidavit

Must be typewritten.

321822578

1 Reason For Filing <i>Required for all applications.</i>		
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 <i>Required for all applications.</i>					
House No(s) 2601		Street Name Ocean Parkway				
Borough Brooklyn	Block 7239	Lot 1	BIN 3337274	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 (\$)
OT - GENERAL CONSTRUCTION	PARTIAL DEMOLITION - FACADE	1LS	150,000	150,000	\$150,000.00
MH - MECHANICAL	MINOR MECHANICAL DEMOLITION	1LS	100,000	100,000	\$100,000.00
PL - PLUMBING	MINOR PLUMBING DEMOLITION	1LS	50,000	50,000	\$50,000.00
ST - STRUCTURAL	STRUCTURAL WORK IN CONJUNCTION WITH PARTIAL-DEMO	1LS	200,000	200,000	\$200,000.00
			TOTAL JOB COST: \$		500,000.00

**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	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
E-Mail		
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name Collins	First Name Daniel	Middle Initial
Business Name Coney Island Hospital HHC, NYC	Business Phone 718 616-4121	Business Fax
Business Address 2601 Ocean Parkway	Mobile Phone	
City Brooklyn	State NY	Zip 11235
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)
Daniel Collins

Signature

Date

Daniel Collins

12/14/21

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

14th day of DECEMBER 2021

Notary Public Signature

Notary Seal
CHRISTINE L CHRISTIANO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CH4863353
Qualified in New York County
My Commission Expires 10-06-2022

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	