



PW3: Cost Affidavit

Must be typewritten.



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) 146

Street Name EAST 19TH STREET

Borough BROOKLYN

Block 5122

Lot 18

BIN 3117593

C.B. No. 314

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 Constr. (OT)	Interior renovation of non-load bearing partitions, ceilings, and finishes	825sf	\$58.18	48,000.00	48,000.00
Plumbing (PL)	Replace stove on existing roughing	1			
	Replace Res sink on existing roughing	1			
	Replace bath tub on existing roughing	1			
	Replace lavatory on existing roughing	1			
	Replace toilet on existing roughing	1			
	Install new dish washer and roughing	1			
	Install new washer/dryer and roughing	1			
	Install new lav and roughing	1			12,000.00
TOTAL JOB COST: \$				60,000.00	

*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 **DARGO** First Name **STEPHEN** Middle Initial
 Business Name **Stephen Dargo Architect** Business Phone **917-609-4575** Business Fax
 Business Address **223 DEGRAU STREET** Mobile Phone
 City **BROOKLYN** State **NY** Zip **11231** E-Mail
 License Number **033036** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **JAMES** First Name **PHILISHA** Middle Initial
 Business Name **146 E 19 St. LLC C/O Highca** Business Phone **646-121-7995** Business Fax
 Business Address **270 MADISON AVE. 19TH FLOOR** Mobile Phone
 City **NEW YORK** State **NY** Zip **10016** 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 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)

STEPHEN DARGO, R.A.

Signature

Date

4.11.19

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

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

PHILISHA JAMES

Signature

Date

4/12/19

Notarization

State of New York, County of: **New York**

Sworn to or affirmed under penalty of perjury

12th day of April 2019

Notary Public Signature

Notary Seal

ZORAIDA MARTINEZ
 Notary Public, State of New York
 Registration #01MA6084976
 Qualified In Westchester County
 Commission Expires Feb. 10, 2023

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)		