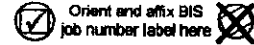




PW3: Cost Affidavit

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: 01

signature

2 Location Information Required for all applications.

House No(s) 83

Street Name Sterling Place

Borough BROOKLYN

Block 00942

Lot 00076

BIN 3019137

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 (\$)
OT-Gen Constr	Complete removal and renovation of partitions and ceiling, gwb, trim, repair and patch flooring, new bathroom and cosmetic finishes as indicated	3300 SF	142.25/sf		469400
	Two new kitchens in new location	65 LF	200/lf	13000	
	New Windows & Doors	20 units	850 ea	17000	
	Concrete work in cellar	350 SF	50/sf	17500	
	Facade repair work	780 SF	20/sf	15600	
	Replace roofing	850 SF	12/sf	10200	73300
	4 Exhaust Fans	4 unit	1,500 ea	6000	
	4 Split System AC Units w/ Roof Dunnage	4 unit	8,000 ea	32000	38000
PL-Plumbing	Relocate and reconnect plumbing fixtures	14 units	2,000 ea	28000	
	Add new plumbing fixtures	13 units	3,000 ea	39000	
	2 HWH	2 unit	1,500 ea	3000	
	Ejector Pump	1 unit	1,600 ea	1600	
BL-Boilers	2 Boilers	2 unit	3,450 ea	6900	78500
	add Rear Balcony and Terrace	138 sq ft	100 sf	13800	13800
TOTAL JOB COST: \$					673000

*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	Cody	First Name	Robert	Middle Initial	
Business Name	Amoia Cody Architecture	Business Phone	631-355-1328	Business Fax	
Business Address	597 Vanderbilt Avenue			Mobile Phone	
City	Brooklyn	State	NY	Zip	11238
License Number	029903	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail	info@amoiacody.com

5 Owner/Lease Holder Information

Last Name	Dixon	First Name	Nadgia	Middle Initial	
Business Name	Self	Business Phone		Business Fax	
Business Address	83 Sterling Place			Mobile Phone	
City	Brooklyn	State	NY	Zip	11217
E-Mail	nadgiad@gmail.com				

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)

Robert Cody

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)

Nadgia Dixon

Signature

Date

1/9/2020

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

9 day of January 2020

Notary Public Signature

Notary Seal

CAMILE TAYLOR
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01TA6137717
Qualified in Nassau County
Commission Expires January 8, 2022

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)		