



PW3: Cost Affidavit
Must be typewritten.

☒ Orient and affix BIS job number label here ☒

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:
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2 Location Information Required for all applications.

House No(s) 2 Street Name Paerdegat 8 Street
 Borough Brooklyn Block 8058 Lot 16 BIN 3226508 C.B. No. 318

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) <u>Solar panel installation on roof</u>
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Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
General Construction	Solar panel installation equipment	Roof/1	\$3,000.00	\$3,000.00	\$3,000.00
	Solar panels	Roof/13	1,000.00	\$13,000.00	\$13,000.00
	Balance of system	Roof/1	\$3,292.65	\$3,292.65	\$3,292.65
TOTAL JOB COST: \$				\$19,292.65	

*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	Petersen	First Name	Tom	Middle Initial	
Business Name	Tom Petersen Architect, LLC	Business Phone	732-730-1763	Business Fax	
Business Address	6 Country Ln	Mobile Phone			
City	Howell	State	NJ	Zip	07731
E-Mail	petersen8@optonline.net				
License Number	35290	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Derilus	First Name	Diely	Middle Initial	
Business Name	N/A	Business Phone	(718) 926-4499	Business Fax	
Business Address	2 Paerdegat 8 Street	Mobile Phone			
City	Brooklyn	State	NY	Zip	11236
E-Mail	DOB@sunpowerbyventure.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 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)

Tom Petersen

Signature

Date

4/16/2019

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)

Diely Derilus

Signature

D. Derilus

Date

4/16/2019

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

16 day of APRIL 2019

Notary Public Signature

Illona Agapova

Notary Seal

ILLONA AGAPOVA
NOTARY PUBLIC, STATE OF NEW YORK
NO 01AG6277583
QUALIFIED IN NEW YORK COUNTY
COMMISSION EXPIRES 03/11/2021

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)		