

PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 340736948

Scan Code ESHS3529628

1	Reason For Filing	Required for <i>all</i> applications.
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Reason for filing cost affidavit:

Cost information provided must be based on:

1A Indicate existing document number affected by filing:

- | | |
|--|--|
| ☒ Initial Filing 2-7 | Cost information provided must be based on |
| ☐ Prior to Approval Actions 1A, 2-7 | Estimated cost of construction |
| ☐ Post Approval Amendment (PAA) 1A, 2-7 | Estimated cost of construction |
| ☐ To obtain Sign-off 2-3, 5, 7 | Estimated cost of construction |
| | Actual construction cost of completed work |

2 Location Information *Required for all applications.*

House No(s) 1523

Street Name OCEAN PARKWAY

Borough **BROOKLYN**

Block 6613

Lot 87

BIN 3175027

C.B. No.

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) GC

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	FULL RENOVATION	5475SF	200	1100000	1100000
			TOTAL JOB COST: \$ 1100000		

*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 **BOHN** First Name **WARREN** Middle Initial
 Business Name **BOHN ASSOCIATES** Business Phone **212 229 2800** Business Fax
 Business Address **20 WEST 22 STREET #801** Mobile Phone
 City **NEW YORK** State **NY** Zip **10010** E-Mail **WARREN@BOHNDESIG.**
 License Number **16336** Choose One ☒ P E ☐ R A ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **SCABA** First Name **JACK** Middle Initial
 Business Name **OWNER** Business Phone **212 704 2006** Business Fax **212 704 2003**
 Business Address **1407 BROADWAY, SUITE 2201** Mobile Phone
 City **NEW YORK** State **NY** Zip **10018** E-Mail **jack@argentosc.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)

WARREN BOHN R.A.

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)

JACK SCABA

Signature

Date

6-5-20

Notarization

State of New York County of *New York*

Sworn to or affirmed under penalty of perjury

5th day of *June* 20 *20*

Notary Public Signature

Notary Seal

MAURICE R. KASSIR
 Notary Public, State of New York
 No. 02KA4778583
 Qualified in Nassau County
 Commission Expires March 30, 20 *24*

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)		