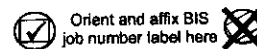




Job Number

Scan Code



Must be typewritten.

1A Indicate existing document number
affected by filing:

- Estimated cost of construction
Estimated cost of construction
Estimated cost of construction
Actual construction cost of completed work

C.B. No. 412

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

- ☐ ☒ 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 (\$)
PL	BACKFLOW PREVENTER FILED IN CONJUNCTION WITH NB:420967993	1 NO	3000	3000	3000
SP	TO FILE SPRINKLER HEADS IN CONJUNCTION WITH NB:420967993	45 NO'S	5000	5000	5000
			TOTAL JOB COST: \$8000.00		

*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
License Number	Choose One:	E-Mail
	☐ P.E. ☐ R.A. ☐ Sign Hanger ☒ Other (specify)	

5 Owner/Lease Holder Information

Last Name	MARIAPPAN	First Name	RAMANI	Middle Initial
Business Name	Royal Real Estate of NY, LL	Business Phone	347-255-9002	Business Fax
Business Address	9 The Intervale	Mobile Phone		
City	Roslyn	State	NY	Zip
			11576	E-Mail
				Priya@royalgroupny.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)

Signature

Date

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

7 Owner's/Lease Holder'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 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)

RAMANI MARIAPPAN

Signature

Date

02/24/2023

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

24 day of Feb

2023

Notary Public Signature

Notary Seal

MINARA AKTER

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01AK6269011

Qualified in Queens County

My Commission Expires

02-17-2024

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)		