



PW3: Cost Affidavit

Must be typewritten.

**1 Reason For Filing** *Required for all applications.*

Reason for filing cost affidavit:

Cost information provided must be based on:

1A Indicate existing document number

- | | |
|--|--|
| ☐ Initial Filing 2-7 | Estimated cost of construction |
| ☐ 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 | Actual construction cost of completed work |

2 Location Information *Required for all applications.*

House No(s) 48-30

Street Name **204 Street**

Borough Queens

Block 7362

Lot 21

BIN 4158071

C.B. No. 307

3 Cost Details *Required for all applications.*

Cost estimates shall include total value of work per §28-112.3 of the NYC Administrative Code and shall be direct work costs based upon material 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 and insurance, shall be added to direct work costs and shall be reflected in the unit costs shown. When filing an enlargement the estimated cost should be exclusive of any work performed within the additional square footage. ***"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 | | Yes | No | | Yes | No | |
| ☐ | ☒ | Boiler (BL) | ☐ | ☒ | Standpipe (SD) | ☒ | ☐ | General Construction (OT) |
| ☐ | ☒ | Fire Alarm (FA) | ☐ | ☒ | Sprinkler (SP) | ☐ | ☐ | ☐ Partial Demolition |
| ☐ | ☒ | Fuel Burning (FB) | ☐ | ☒ | Signs (SG) | ☐ | ☐ | ☐ Non-Structural Demolition |
| ☐ | ☒ | Fuel Storage (FS) | ☐ | ☒ | Other (OT) | ☐ | ☐ | ☐ Structural Work |
| ☐ | ☒ | Fire Suppression (FP) | | ☐ | Antenna (OT/ANT) | | ☒ | ☒ Interior Renovation |
| ☐ | ☒ | Mechanical (MH) | | ☐ | Marquee (OT/MAR) | | ☐ | ☐ Exterior Renovation |
| ☐ | ☒ | Plumbing (PL) | | ☐ | (Describe) _____ | | ☐ | ☐ (Describe) _____ |

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	removed CARPORT	1	2000	2000	2000
			TOTAL JOB COST: \$		2000

**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. For enlargements, only items associated with work performed in the existing area should be listed.*

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **018329**Last Name **Mele**First Name **Dennis**

Middle Initial _____

Business Name **Midtown Preservation**Business Phone **917-834-1467**

Business Fax _____

Business Address **68 West Main Street**

Mobile Phone _____

City **Oyster**State **NY**Zip **11771**E-Mail **dmele@midtownpreservati****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Kaplan**First Name **Andrew**

Middle Initial _____

Business Name **N/A**Business Phone **646-264-7811**

Business Fax _____

Business Address **48-30 Clearview Expressway**

Mobile Phone _____

City **Bayside**State **NY**Zip **11364**E-Mail **trekkerster1701@aol.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

Mele Dennis RA

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

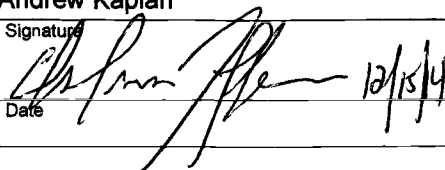
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

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)

Andrew Kaplan

Signature



Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

15 day of **DECEMBER** 20**14**

Notary Public Signature



Notary Seal

ROXANA P ESCOBAR

Notary Public, State of New York

No. 01ES6273397

Qualified in Nassau County

Commission Expires **12/10/16****Internal Use Only**

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		