



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 421052568



Scan Code ESHS3917091



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:

2 Location Information *Required for all applications.*

House No(s) 37-12

Street Name Junction Blvd

Borough Queens

Block 1484

Lot 11

BIN 4036657

C.B. No. 4103

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 (\$)
Mechanical (MH)					\$75,000
	Install HVAC Units at roof with related duct work	16 Tons	\$4,500/Ton	\$72,000	
	Install Mechanical exhaust fans at 1st floor	3	\$1,000/ea	\$3,000	
Plumbing (PL)					\$93,000
	Remove plumbing fixtures at 1st floor	2 Fix	\$500/ea	\$1,000	
	Install plumbing fixtures at cellar and 1st floor	23 Fix	\$4,000/fix	\$92,000	
Gen.Const.(OT)					\$425,000
Non-Stuct. Demo	Removal and disposal of partitions, flooring, ceilings, interior doors, mechanical equipment and ductwork, and finishes	3810 SF	\$8.00/SF	\$30,480	
Interior Renovation	Install partitions, flooring, ceilings, interior doors, counters, millwork, and finishes at cellar & 1st Fl	3810 SF	\$100/SF	\$381,000	
Structural Work	and install steel dunnage at roof				
Exterior Renovation	Install tile and aluminum decorative facade work over existing facade at 1st floor	404 SF	\$30/SF	\$13,000	
TOTAL JOB COST: \$				593,000.00	

*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
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Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
		E-Mail
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5	Owner/Lease Holder Information
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Last Name Dellamonica	First Name Jay	Middle Initial
Business Name Creative Food Corp.	Business Phone 516-746-6800	Business Fax
Business Address 200 Garden City Plaza, Suite 505	Mobile Phone	
City Garden City	State NY	Zip 11530
		E-Mail

6	Design Applicant's Statements and Signatures
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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
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Name (print)

Jay Dellamonica

Signature

Date

06/20/15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

29th day of June 2015

Notary Public Signature

Notary Seal

MICHAEL DAVID JUST
Notary Public, State of New York
No. 01JU6016036
Qualified in Suffolk County
Commission Expires November 9, 2018

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)		