



PW3: Cost Affidavit

Must be typewritten.

DEPT BLDGS Job No. 421214233



Scan Code ESHS7504737

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: 01

2 Location Information Required for all applications.

House No(s) 30-52

Street Name 79th Street

Borough Queens

Block 1127

Lot 28

BIN 4024983

C.B. No. 403

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 (\$)
OT	Propose new partition walls at first floor	50 sf	83/sf	4,150	
	Propose new partition walls at cellar level	330 sf	83/sf	27,390	
	Propose new interior staircase to connect cellar with first floor apartment.			10,000	
					55,732
	Propose new bathroom partition walls	24 SF	83/sf	1,992	
	Removal of non-load bearing partition walls.	40 lf	30/lf	1,200	
	Propose new staircase from hallway.			10,000	
PL	Removal of old staircase from first floor to cellar			1,000	
	Propose new fixtures at cellar level: Lavatory, Toilet, Washer, Dryer and Mop Sink.	5 fixtures	2,500/Fix	12,500	
	Relocate 2 sprinkler heads	2 heads	750/Head	1,500	41,000
	Relocate 1 kitchen stove	1 fixture	1,500/Fix	1,500	
	Replace one kitchen sink on existing roughing	1 fixture	1,500/Fix	1,500	
	Propose two gas boilers and two gas HWH	4 fixtures	4,500/Fix	18,000	
	Replace 1 gas boiler and 1 gas hot water heater	2 fixtures	3,000/Fix	6,000	
TOTAL JOB COST: \$				96,732.00	

*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 Dyer First Name Sebert Middle Initial _____
 Business Name BESPLLC Business Phone (718) 523-8555 Business Fax (718) 523-8559
 Business Address 95-05 Sutphin Blvd Mobile Phone _____
 City Jamaica State NY Zip 11435 E-Mail sebert@cheapengineers.c
 License Number 076278 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Leon First Name Jose Middle Initial _____
 Business Name N/A Business Phone _____ Business Fax _____
 Business Address 30-52 79th Street Mobile Phone (917) 549-4834
 City Queens State N.Y. Zip 11370 E-Mail _____

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)

Sebert Dyer

Signature

Sebert Dyer
 07/26/16 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)

Jose Leon

Signature

Date

Jose Leon
 7/26/16

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

26 day of July 20 16

Notary Public Signature

[Signature]

Notary Seal

AVIS C DYLR
 Notary Public - State of New York
 NO. 01DY6243817
 Qualified in Nassau County
 My Commission Expires 6/27/2019

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)		