



PW3: Cost Affidavit

Must be typewritten.

Oral and after BIS job number listed here

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) 18-20

Street Name DECATUR STREET

Borough QUEENS

Block 3579

Lot 00031

BIN 4086410

C.B. No. 405

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 (\$)
ALTERATION	RENOVATION OF EXISTING 1 STORY BUILDING & ALTERATION FOR USE AS WOODWORKING SHOP- USE GROUP 16A.				
cell,001FL	MINOR DEMOLITION OF THE NON-BEARING PARTITIONS AND RELATED FINISHES TO REPLACE WITH NEW AS PER PLANS.	5,425	100\$	54,250.0	54,250.0
	REPL. DAMAGED CONCRETE FLOOR	2,500	\$12	30,000.00	30,000.00
	NEW OFFICE AREA & 2 BATHS	800	\$50	40,000.00	40,000.00
	CONSTRUCT SHOP AREAS	1 UNIT	50,000.00	50,000.00	50,000.00
	MISCELLANEOUS ELECTRICAL	1 UNIT	16,000.00	16,000.00	16,000.00
	Install New Windows (Front & Rear Walls)	ALL	20,000.00	20,000.00	20,000.00
	Install New Operable Skylights	ALL	5,000.00	5,000.00	5,000.00
	Reinsulate & Install New Roofing	10,000	\$6	60,000.00	60,000.00
	Repair/Repoint Brick Façade	ALL	45,500.00	45,500.00	45,500.00
MECHANICAL	HVAC FOR OFFICE AREAS	1 UNIT	15,000.00	15,000.00	15,000.00
PLUMBING	INSTALL NEW PLUMBING FIXTURES	ALL	20,000.00	20,000.00	20,000.00
				TOTAL JOB COST: \$ 355,750.00	

*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 **OKTAWIEC** First Name **WOJCIECH** Middle Initial
 Business Name **PATH ARCHITECTURE** Business Phone **(917)604-8723** Business Fax
 Business Address **59-20 69TH AVENUE** Mobile Phone
 City **RIDGEWOOD** State **NY** Zip **11385** E-Mail **WOKTAW@GMAIL.COM**
 License Number **025217** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name **BARKER-DELL** First Name **NADIA** Middle Initial
 Business Name **CARLTON HOUSE RESTOR** Business Phone
 Business Address **18-20 DECATUR ST** Mobile Phone **(646)523-6992**
 City **RIDGEWOOD** State **NY** Zip **11385** E-Mail **NADIABD@CARLTONHO**

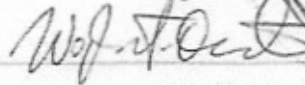
6 Design Applicant's Statements and Signatures

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 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)

WOJCIECH OKTAWIEC R.A.

Signature




04/14/21

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

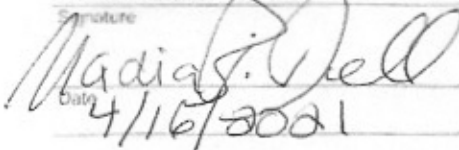
7 Owner's/Lease Holder's Statements and Signatures

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)

NADIA BARKER-DELL

Signature



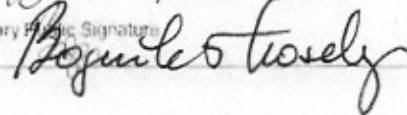
Notarization

State of New York, County of *Queens*

Sworn to or affirmed under penalty of perjury

16 day of *April* 20*21*

Notary Public Signature



Notary Seal

BOGUMILA T. ROSEBURG
 NOTARY PUBLIC - STATE OF NEW YORK
 NO. 01RO5071459
 QUALIFIED IN QUEENS COUNTY
 COMMISSION EXPIRES JANUARY 13, 20*23*

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)		