

Must be typewritten.

1	Reason For Filing <i>Required for all applications.</i>		
Reason for filing cost affidavit: ☒ Initial Filing 2-7 ☐ Prior to Approval Action 1A 2-7		Cost information provided must be based on: Estimated cost of construction	1A Indicate existing document number affected by filing: _____

2	Location Information <i>Required for all applications.</i>
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3	Cost Details <i>Required for all applications.</i>
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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. ***“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)		☐	Fire Protection Plan (OT/FPP)		☒	Exterior Renovation
☐	☒	Plumbing (PL)		☐	Marquee (OT/MAR)		☐	(Describe) _____
				☐	(Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
OT	REPOINTING	300SFT	10.00	3000.00	
	WINDOW LINTELS	15NO	200.00	3000.00	
	REPAIR CRACKED BRICKS	50SFT	30.0	1500.00	7500.00
			TOTAL JOB COST: \$		7500.00

*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	HOQUE	First Name	AKM	Middle Initial	A
Business Name	ASHRAF CORP	Business Phone	9174062885	Business Fax	
Business Address	88-11 ELMHURST AVE	Mobile Phone		E-Mail	
City	ELMHURST	State	NY	Zip	11373
License Number	83278	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

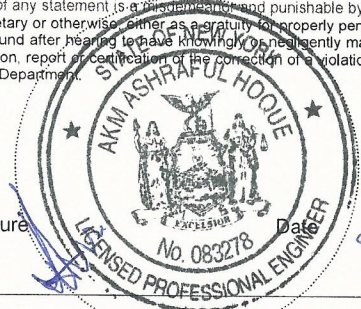
5 Owner/Lease Holder Information

Last Name	AHMED	First Name	MUSHTAQ	Middle Initial	
Business Name	K-2 KHYBER CONSTRUCTION	Business Phone	(917)753-6996	Business Fax	
Business Address	6908 8TH AVE	Mobile Phone		E-Mail	
City	BROOKLYN,	State	NY	Zip	11228

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)
AKM A HOQUE

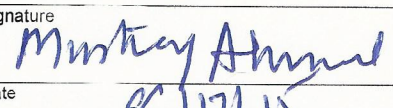
Signature

Date
8/17/15

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)
MUSHTAQ AHMED

Signature

Date
8/17/15

Notarization
State of New York, County of:
Sworn to or affirmed under penalty of perjury
day of 20
Notary Public Signature

Notary Seal

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)			