



☒ Orient and affix BIS job number label here ☐

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 affected by filing:				
☒ 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)		Street Name						
211-40		47TH AVE						
Borough	Block	Lot	BIN	C.B. No.				
4	7328	249TH STREET	4157255	411				
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.) <table style="width:100%;"> <tbody> <tr> <td style="vertical-align: top;"> Yes No ☐ ☒ Boiler (BL) ☐ ☒ Fire Alarm (FA) ☐ ☒ Fuel Burning (FB) ☐ ☒ Fuel Storage (FS) ☐ ☒ Fire Suppression (FP) ☐ ☒ Mechanical (MH) ☐ ☒ Plumbing (PL) </td> <td style="vertical-align: top;"> Yes No ☐ ☒ Standpipe (SD) ☐ ☒ Sprinkler (SP) ☐ ☒ Signs (SG) ☒ Other (OT) ☐ Antenna (OT/ANT) ☐ Fire Protection Plan (OT/FPP) ☐ Marquee (OT/MAR) ☐ (Describe) _____ </td> <td style="vertical-align: top;"> Yes No ☐ ☒ General Construction (GT) ☐ Partial Demolition ☐ Non-Structural Demolition ☐ Structural Work ☐ Interior Renovation ☐ Exterior Renovation ☐ (Describe) _____ </td> </tr> </tbody> </table>						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 (GT) ☐ Partial Demolition ☐ Non-Structural Demolition ☐ Structural Work ☐ Interior Renovation ☐ Exterior Renovation ☐ (Describe) _____
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Category of Work*	Description of Work	Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)			
Solar Panels (OT)	Installation of A 11.34 KW SYSTEM	11.34						
	Modules	36	630	22680	22680			
	Microinvertors	36	630	22680	22680			
	BOS and Labor	1	11340	11340	11340			
TOTAL JOB COST:			\$	56700				

*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	Dunzik	First Name	Daniel	Middle Initial	
Business Name	N/A	Business Phone	908-872-3664	Business Fax	
Business Address	370 Burnt Hill Road			Mobile Phone	
City	Skillman	State	NJ	Zip	08558
License Number	039534	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	ROSSI	First Name	NELLY	Middle Initial	
Business Name	NA	Business Phone	718415336	Business Fax	
Business Address	211-40 47TH AVE			Mobile Phone	
City	QUEENS	State	NY	Zip	11361
E-Mail	PERMITS@MOMENTUMSOLAR.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 is 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)

Daniel Dunzik

Signature



10/30/18

P.E. / R.A. Seal (a physical seal, ink stamp 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)

NELLY ROSSI

Signature

Date 10/30/18

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

30 day of October 20 18

Notary Public Signature

Notary Seal

TIFFANY JADE BAILONI
NOTARY PUBLIC OF NEW JERSEY
Comm. # 2439726
My Commission Expires 10/18/2023

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