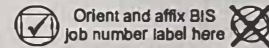




PW3: Cost Affidavit

Must be typewritten.



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) 43-29

Street Name 162ND STREET

Borough QUEENS

Block 5420

Lot 17

BIN

C.B. No.

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	INTERIOR RENOVATION				
	removal and disposal of interior partition & fin	1822 S.F	\$7/s.f.	\$12754	12754
	removal of fixtures	5 units	\$1000/unit	\$5000	5000
	install new interior wall & finishes	1500 s.f.	\$10/sf	15000	15000
	install new interior door	7 units	\$350/units	2450	2450
	install new new interior glass panels	6 unit	\$400/ units	2400	2400
	install new folding partition	1 unit	\$4000/unit	4000	4000
	install new laminate countertop	87 sf	\$60/sf	5220	5220
	install new base cabinets	21 lf	\$300 lf	6300	6300
	relocate existing door	3 units	\$100/unit	300	300
	install new exterior door	4 units	\$600/unit	2400	2400
	install new vinyl tile	525 s.f.	\$6/sf	3150	3150
	install new ceramic tile	368 s.f.	\$10/sf	3680	3680
	install new carpet tile	1404 s.f.	\$5/sf	7020	7020
				TOTAL JOB COST: \$ 69674	

*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 **LEE** First Name **ANTHONY** Middle Initial _____
 Business Name **AJR ARCHITECTURE PC** Business Phone **7186213989** Business Fax _____
 Business Address **815A 51ST STREET BASEMENT** Mobile Phone _____
 City **BKLYN** State **NY** Zip **11220** E-Mail _____
 License Number **017269** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **CHUNG** First Name **JAMES** Middle Initial _____
 Business Name **Chinese Alliance Center of** Business Phone **7189393606** Business Fax _____
 Business Address **43-29 162ND STREET** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11345** E-Mail **jameschung@uscca.org**

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, or 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)

ANTHONY LEE

Signature

Date

02/03/2021

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

James Chung

Signature

[Signature]
 Date Feb 3 2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

3rd day of February 2021

Notary Public Signature

[Signature]

Notary Seal

MICHAEL FAY

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01FA6406819

Qualified in Queens County

My Commission Expires: 4/26/24

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)		