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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Reason for filing cost affidavit:</b><br><input type="checkbox"/> Initial Filing 2-7<br><input type="checkbox"/> Prior to Approval Actions 1A, 2-7<br><input type="checkbox"/> Post Approval Amendment (PAA) 1A, 2-7<br><input checked="" type="checkbox"/> To obtain Sign-off 2-3, 5, 7 | <b>Cost information provided must be based on:</b><br>Estimated cost of construction<br>Estimated cost of construction<br>Estimated cost of construction<br>Actual construction cost of completed work | 1A Indicate existing document number<br>affected by filing: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

|             |        |             |                |          |         |
|-------------|--------|-------------|----------------|----------|---------|
| House No(s) | 249-15 | Street Name | ELKMONT AVENUE |          |         |
| Borough     | QUEENS | Block       | 8401           | Lot      | 208     |
|             |        |             |                | BIN      | 4173614 |
|             |        |             |                | C.B. No. | 413     |

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.***

|                          |                                     |                          |                                     |                                     |                                     |
|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Yes                      | No                                  | Yes                      | No                                  | Yes                                 | No                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                          | Boiler (BL)                         |                          | Standpipe (SD)                      |                                     | General Construction (OT)           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            |
|                          | Fire Alarm (FA)                     |                          | Sprinkler (SP)                      |                                     | Partial Demolition                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            |
|                          | Fuel Burning (FB)                   |                          | Signs (SG)                          |                                     | Non-Structural Demolition           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     | <input type="checkbox"/>            |
|                          | Fuel Storage (FS)                   |                          | Other (OT)                          |                                     | Structural Work                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            |
|                          | Fire Suppression (FP)               |                          | Antenna (OT/ANT)                    |                                     | Interior Renovation                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/>            |                                     | <input type="checkbox"/>            |
|                          | Mechanical (MH)                     |                          | Fire Protection Plan (OT/FPP)       |                                     | Exterior Renovation                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |                          | <input type="checkbox"/>            |                                     | <input checked="" type="checkbox"/> |
|                          | Plumbing (PL)                       |                          | Marquee (OT/MAR)                    |                                     | (Describe) <u>SOLAR</u>             |
|                          |                                     |                          | <input type="checkbox"/>            |                                     |                                     |
|                          |                                     |                          | (Describe)                          |                                     |                                     |

| Category of Work* | Description of Work          | Area/Units | Unit Cost (\$)     | Total Cost (\$) | Work Category Total Cost (\$) |
|-------------------|------------------------------|------------|--------------------|-----------------|-------------------------------|
| OT                | INSTALLATION OF SOLAR SYSTEM |            |                    |                 | 27,500.00                     |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            |                    |                 |                               |
|                   |                              |            | TOTAL JOB COST: \$ |                 | 27,500.00                     |

*\*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        | NITTI                      | First Name     | NICOLAS                                                                                                                                                    | Middle Initial | A     |
| Business Name    | WESTSHORE DESIGN ENGI      | Business Phone | (518)313-7153                                                                                                                                              | Business Fax   |       |
| Business Address | 100 GREAT OAKS BLVD, S.115 |                |                                                                                                                                                            | Mobile Phone   |       |
| City             | ALBANY                     | State          | NY                                                                                                                                                         | Zip            | 12203 |
| E-Mail           | nnitti@westshorede.com     |                |                                                                                                                                                            |                |       |
| License Number   | 091373                     | Choose One:    | <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |                |       |

**5 Owner/Lease Holder Information**

|                  |                       |                |       |                |              |
|------------------|-----------------------|----------------|-------|----------------|--------------|
| Last Name        | Aminyar               | First Name     | Friba | Middle Initial |              |
| Business Name    |                       | Business Phone |       | Business Fax   |              |
| Business Address | 249-15 Elkmont Avenue |                |       | Mobile Phone   | 917-497-0400 |
| City             | Bellerose             | State          | NY    | Zip            | 11426        |
| E-Mail           | Vin651@yahoo.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 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)

NICOLAS A NITTI

Signature



Date 3-31-2021

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)

Friba Aminyar

Signature

Date

7/17/2020

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

17 day of July 2020

Notary Public Signature

Notary Seal John F Lindholm II

Notary Public of New York

No. 01L16194223

Qualified in Suffolk County

My commission expires 9/29/2024

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |