NYC Buildings

PW3: Cost Affidavit

Must be typewritten.

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:
☐ 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

1A Indicate existing document number affected by filing:

2 Location Information *Required for **all** applications.*

House No(s) 134-37 Street Name 157th Street

Borough Queens Block 12296 Lot 51 BIN 4266519 C.B. No. 412

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		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) Solar
					☐ (Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost ($)	Total Cost ($)	Work Category Total Cost ($)
General Construction	Equipment	1	12,635	12,635	12,635
	Labor	1	19,296	19,296	19,296
	Materials	1	3,159	3,159	3,159
				TOTAL JOB COST: $	35090

**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 Stout First Name James Middle Initial

Business Name James J Stout Architect & Associates PC Business Phone (631) 858-9388 Business Fax

Business Address 2 Greg Lane Mobile Phone

City East Northport State NY Zip 11731 E-Mail nycsubmissions@jamesstoutarch.com

License Number 021633 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Graham First Name Steven Middle Initial

Business Name N/A Business Phone (347) 229-3356 Business Fax

Business Address 134-37 157th Street Mobile Phone

City Queens State NY Zip 11434 E-Mail SPDINSTALL@SOLOGISTICS.US

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.

REGISTERED ARCHITECT JAMES J. STOUT 021633 STATE OF NEW YORK

Name (print) Signature Date

James Stout 1/12/2021

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)	Notarization	Notary Seal
Steven Graham	State of New York, County of:	ILLONA AGAPOVA NOTARY PUBLIC, STATE OF NEW YORK NO 01AG6277583 QUALIFIED IN NEW YORK COUNTY COMMISSION EXPIRES 03/11/2021
Signature Steven Graham	Sworn to or affirmed under penalty of perjury 12 day of January 2021	
Date 1/12/2021	Notary Public Signature	

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)		