DEPT OF BLDGS 440771130 Job Number

ES980863469 Scan Code

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: 01

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

House No(s) 63-60 Street Name 78 STREET

Borough QUEENS Block 2988 Lot 39 BIN 4069191 C.B. No. 405

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 INST.
					☐ (Describe)			

Category of Work*	Description of Work	Area/Units	Unit Cost ($)	Total Cost ($)	Work Category Total Cost ($)
GENERAL	INSTALLATION OF SOLAR PANELS ON				
CONSTRUCTION	EXISTING ROOF OF THE BUILDING AS				
(OT)	SHOWN ON PLANS				
	MODULES	9	990.00	8,910.00	
	INVERTER	9	954.00	8,586.00	
	MATERIALS		2,916.00	2,916.00	
	LABOR / OVERHEAD		8,748.00	8,748.00	29,160.00
				TOTAL JOB COST: $	29,160.00

**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	MAHANGU	First Name	NARESH	Middle Initial	
Business Name	NY BUILDING ASSOCIATES	Business Phone	(929) 575-7500	Business Fax	(516) 210-0141
Business Address	124-15 METROPOLITAN AVENUE			Mobile Phone	
City	QUEENS	State NY	Zip 11415	E-Mail	info@nybuidlingassociate
License Number	089068	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	HARTL	First Name	MONIQUE	Middle Initial	
Business Name	N/A	Business Phone	(917) 968-6144	Business Fax	
Business Address	63-60 78 STREET			Mobile Phone	
City	QUEENS	State NY	Zip 11379	E-Mail	

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.

STATE OF NEW YORK ★ NARESH K. MAHANGU ★ 089068 ★ LICENSED PROFESSIONAL ENGINEER

Name (print)	Signature	Date
NARESH MANAHGU, P.E.		02/24/2023

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
MONIQUE HARTL	State of New York, County of:	
Signature: Monique Hartl	Sworn to or affirmed under penalty of perjury	
	day of 20	
Date: 02/24/2023	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)		