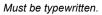
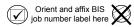


PW3: Cost Affidavit





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1 Reason For Filing F	Required for all appli	cations.						
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 example affected by	-	nt number	
2 Location Informatio	n Required for all a	pplications.						
House No(s)	Street N	lame						
Borough	E	Block	Lot	BIN		C.B. No).	
3 Cost Details Require								
Cost estimates shall inclue and labor; work shall inclue and kitchen appliances. be reflected in the unit additional square footage Categories of Work (<i>M</i> Yes No Boiler (BL) Biter Alarm (FA) Fire Alarm (FA) Fuel Burning (F Fuel Storage (F Fire Suppression Mechanical (MH Plumbing (PL)	ude all construction Indirect costs, includ costs shown. Whe e. "Yes" or "No" mu ust match all applicable Y B) (S) (FP)	elements includ ing but not lim n filing an enl ist be specifie a categories indice s No Standpi Signs (S Other (C Anten Marqu	ding, but not lir ited to general argement the ed for each "C ated on PW1.) pe (SD) er (SP) SG)	nited to, const conditions an estimated cos	ruction equip d insurance, st should be	ment, wall and shall be addec exclusive of a <i>elow.</i>	floor finishes, I to direct work ny work perfo struction (OT) blition ral Demolition ork ovation	built-in cabinets, costs and shall
Category of Work*	Description of Wo	rk			Area/Units	Unit Cost (\$)	Total Cost (\$)	Work Category Total Cost (\$)
						τοται	JOB COST: \$	

*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. For enlargements, only items associated with work performed in the existing area should be listed.

Design Applicant Information Choose One: P.E. R.A. Sign Hanger Other (specify)	/3						PA
Last Name First Name Middle Initial Business Name Business Phone Business Fax Business Address Mobile Phone City State Zip Choose One: Owner/Lease Holder Information Choose One: Owner Lease Holder Last Name First Name Middle Initial Business Name Business Phone Business Fax Business Name Business Phone Business Fax Business Address Mobile Phone City State Zip Design Applicant's Statements and Signatures Intervision for inscored and complete to the best of my knowledge. Lunderstand faisfication of any statement is a missioneresidor and pusite business for a city employee to accept, any benefit, monetary or depusite, either as a gratuity for grouper preforming the next showing or or depusite, either as a gratuity for spoel repetition of the correction of a visation requester the provisions of this code or d a rule of any agency. I may be barred from fling turbe application or depusite, either application or otherwise, either application or depusite application of a rule of any agency. I may be barred from fling turbe application or depusite application of the correction of a visation requester the provisions of this code or d a rule of any agency. I may be barred from fling turbe application or depusite application or depusite application or depusite application or depresson of this code or d a rule of any agency. I may b	Design Applicant	Information					
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Business Address Mobile Phone City State Zip E-Mail Owner/Lease Holder Information	Last Name			First Name		Middle Initial	
City State Zip E-Mail Owner/Lease Holder Information Choose One: Owner Lease Holder Last Name First Name Middle Initial Business Name Business Phone Business Fax Business Address Mobile Phone City State Zip Design Applicant's Statements and Signatures I herdy data from is correct and complete to the best of my knowledge. Lundentand failification of any statement is entitive entitive metabolic property profering the metabolic property correcting the incomplete to the best of my knowledge. Lundentand that if and found after privation to the correction of a violation required 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) Signature Date I hereby data the information on this form is correct and complete to the best of my knowledge. Lundentand failification of the correction of a violation required 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) Signature Date I hereby data the information on this form is correct and complete to the best of my knowledge. Lundentaf	Business Name			Business Phone		Business Fax	
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Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	Accept Original Revised Cost Needed		
Plan Examination:	Accept Original Revised Cost Needed		
C of O:	Accept Original Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	Accept Revised Submission (Resolved)		