

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____Last Name TOSCANO First Name PHILIP Middle Initial _____Business Name PHILIP TOSCANO, RA Business Phone 718-349-3350 Business Fax 718-349-3479Business Address 418 GRAHAM AVENUE Mobile Phone _____City BROOKLYN State NY Zip 11211 E-Mail philip@ptarchitects.com**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name TORRES First Name TOM Middle Initial _____Business Name S.W. MANAGEMENT Business Phone (914)637-6200 Business Fax _____Business Address 145 HUGUENOT STREET Mobile Phone _____City NEW ROCHELLE State NY Zip 10801 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.

Name (print)

Signature

Date

Philip Toscano, R.A.

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.*

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Name (print)

TOM TORRES

Notarization

State of New York, County of:

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

day of 20

Date

Notary Public Signature

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filer:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filer/C of O:	☐ Accept Revised Submission (Resolved)		