

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **062565**Last Name **Collado**First Name **Albert**

Middle Initial _____

Business Name **Collado Engineering**Business Phone **914-332-7658**Business Fax **914-332-7659**Business Address **116 South Broadway**

Mobile Phone _____

City **Tarrytown**State **NY**Zip **10591**E-Mail **info@collado-eng.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **Comerford**First Name **Michael**

Middle Initial _____

Business Name **Haven Plaza Funding Co**Business Phone **516-248-4217**Business Fax **516-248-1302**Business Address **1122 Franklin Avenue, Suite 406**

Mobile Phone _____

City **Garden City**State **NY**Zip **11530**

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)

Albert Collado, P.E.

Signature

Date

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)

Michael Comerford

Signature



Date

7/1/2013

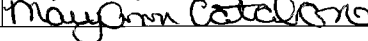
Notarization

State of New York, County of: **Nassau**

Sworn to or affirmed under penalty of perjury

8th day of **July** 20 **13**

Notary Public Signature



Notary Seal

MaryAnn Catalano
 Notary Public, State of New York
 No. 02CA624037
 Qualified in Queens County
 Commission Expires May 2, 20 **15**

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)		