



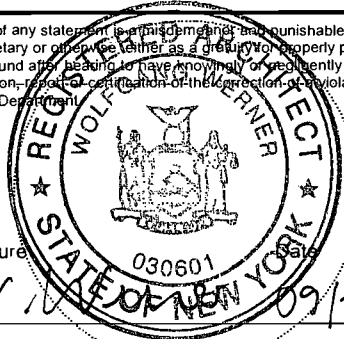
**4 Design Applicant Information**Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_ License Number 030601Last Name WERNER First Name WOLFGANG Middle Initial \_\_\_\_\_Business Name THORNTON TOMASETTI INC. Business Phone (917) 661-7800 Business Fax (917) 661-7801Business Address 51 MADISON AVENUE Mobile Phone (917) 661-8266City NEW YORK State NY Zip 10010 E-Mail wwerner@thorntontomasetti.com**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name BRAREN First Name VOLKERT Middle Initial \_\_\_\_\_Business Name NEW YORK CITY DEPARTMENT OF EDUCATION Business Phone (718) 610-0214 Business Fax ( ) -Business Address 44-36 VERNON BLVD. Mobile Phone ( ) -City QUEENS State NY Zip 11101 E-Mail VBRAREN@SCHOOLS.NYC.GOV**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)

WOLFGANG WERNER

Signature


W. Werner 09/21/2011

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)

VOLKERT BRAREN

Signature

Volkert E Braren

Date

9/22/11

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

22<sup>nd</sup> day of September 20 11

Notary Public Signature

Heidi A. Husser

Notary Seal

**HEIDI A. HUSSER****NOTARY PUBLIC-STATE OF NEW YORK****No. 02HU6199950****Qualified in Nassau County****My Commission Expires January 26, 2013****Internal Use Only**

| Staff                           | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|---------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Pre-Filer:                      | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examiner/Project Advocate: | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                         | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Pre-Filer/C of O:               | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |