



4 Design Applicant Information

Last Name Berger First Name Sanford Middle Initial _____
 Business Name SM Berger Architecture Business Phone 516-773-7365 Business Fax _____
 Business Address 150 Great Neck Road Mobile Phone _____
 City Great Neck State NY Zip 11021 E-Mail smb@smbarchitect.com
 License Number 018876 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Straus First Name Joseph Middle Initial _____
 Business Name The Straus Group Business Phone 201-242-4021 Business Fax _____
 Business Address 173 Bridge Plz N Mobile Phone _____
 City Fort Lee State NJ Zip 07024 E-Mail jstraus@strausgroup.com

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)

Sanford Berger

Signature

Date

6.24.25

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Joseph Straus

Signature

Date

Notarization Jersey
State of New York, County of: Bergen

Sworn to or affirmed under penalty of perjury

26th day of June 2025Notary Public Signature Barmerdee

Notary Seal

BARBARA M. ALMEIDA
 Notary Public, State of New Jersey
 Comm. # 50202930
 My Commission Expires 09/12/2027

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)		