

4 Design Applicant Information

Last Name	Madden	First Name	William	Middle Initial	
Business Name	William Madden Consult. Eng.		Business Phone	914-539-5996	Business Fax
Business Address	96 Linwood Pl., Rte 9W #287			Mobile Phone	
City	Fort Lee	State	NJ	Zip	07024
E-Mail	wmmddn@gmail.com				
License Number	63293	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Asher	First Name	Jan	Middle Initial	
Business Name	N/A		Business Phone	(917)337-7069	Business Fax
Business Address	36 West 87th Street, Apt. A			Mobile Phone	
City	Manhattan	State	NY	Zip	10024
E-Mail	ajan44@aol.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)

William Madden, PE

Signature

Date

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

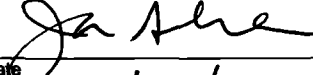
7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Jan Asher

Signature



Date

1/24/18

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		