

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One:	E-Mail
	☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	SAVARESE	First Name	ANTHONY	Middle Initial
Business Name	SOUTHWEST 141 ST HDFC	Business Phone	914-772-2728	Business Fax
Business Address	1011 FIRST AVENUE, 12TH FLOOR			Mobile Phone
City	NEW YORK	State	NY	E-Mail
		Zip	10022	TSAV@JSAV.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)

A

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.*

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Name (print)

ANTHONY SAVARESE

Signature

Date

5/26/16

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

26th day of May 2016

Notary Public Signature

Cynthia G. Bowman

Notary Seal

CYNTHIA G. BOWMAN

Notary Public, State of New York

No. 01BO6254481

Qualified in Queens County

Commission Expires January 17, 2020

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)		