

4 Design Applicant Information

Last Name	SCHMERZLER	First Name	LES	Middle Initial	
Business Name	ARCHITECTURE BY DOMAN	Business Phone	5162560317	Business Fax	5162560335
Business Address	68 WHITEHALL STREET	Mobile Phone		E-Mail	les@abdomani.com
City	LYNBROOK	State	NY	Zip	11563
License Number	020635	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	ESPOSITO	First Name	DONNA	Middle Initial	
Business Name	N/A	Business Phone	9146438777	Business Fax	
Business Address	27 COUNTRY CLUB LANE SOUTH	Mobile Phone		E-Mail	donnaespositotd@gmail.com
City	SCARBOROUGH	State	NY	Zip	10410

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)

LES SCHMERZLER

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)

DONNA ESPOSITO

Signature

Donna Esposito

Date

12/12/2023

Notarization

State of New York, County of: Westchester

Sworn to or affirmed under penalty of perjury

12th day of December 20 23

Notary Public Signature

Alyssa Palazzo

Notary Seal

Alyssa Palazzo
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01PA6424559
 Qualified in Suffolk County
 Commission Expires 11/01/2025

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)		