

4 Design Applicant Information

Last Name **ROMAO** First Name **ALEX** Middle Initial _____
 Business Name **ARA ARCHITECHTS** Business Phone _____ Business Fax _____
 Business Address **4303 CLARENDON ROAD** Mobile Phone **718-629-1500**
 City **BROOKLYN** State **NY** Zip **11203** E-Mail **ALEXROMAO@AOL.CO**
 License Number **023131** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SHALIT** First Name **BRIAN** Middle Initial _____
 Business Name **830 W 177TH STREET LLC** Business Phone **718-377-5244** Business Fax _____
 Business Address **P.O. BOX 7226** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11229** E-Mail _____

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)

ALEX ROMAO

Signature

Date

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

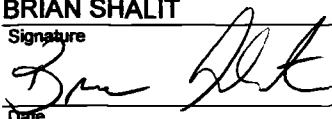
7 Owner's/Lease Holder's Statements and Signatures Notary only required when submitting to obtain sign-off.

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Name (print)

BRIAN SHALIT

Signature



Date

Notarization

State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

On **07th** day of **September**, 20**16**

Notary Public Signature

Notary Seal

IAN VISHWANATH SAHADEO
 Notary Public, State of New York
 Reg. No. 01SA6281989
 Qualified in Queens County
 Commission Expires May 13, 20**21**

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)		