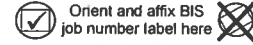




Scan Code



12/14

4 Design Applicant Information

Last Name	LANE	First Name	DOUGLAS	Middle Initial	C
Business Name	Lane Eng. Consulting, P.C	Business Phone	732-264-4307	Business Fax	
Business Address	1340 STATE ROUTE 36, AIRPORT PLAZA S10			Mobile Phone	
City	HAZLET	State	NY	Zip	07730
E-Mail	DCLANE@LECP.COM				
License Number	073324	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name	Barr	First Name	Bradford	Middle Initial	
Business Name	Tiemann Place Condominium	Business Phone	212-772-7550	Business Fax	212-249-0029
Business Address	1536 THIRD AVENUE			Mobile Phone	
City	NEW YORK	State	NY	Zip	10028
E-Mail	ABBARR@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)

Signature

Date

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

7 Owner's/Lease Holder'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 is punishable by a fine or 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)	Notarization	Notary Seal
Bradford barr	State of New York, County of: <i>New York</i>	ALESYA STEPUSHKINA NOTARY PUBLIC-STATE OF NEW YORK No. 01ST6331438 Qualified in New York County My Commission Expires 10-13-2023
Signature	Sworn to or affirmed under penalty of perjury	
<i>[Signature]</i>	<i>30</i> day of <i>September</i> 20 <i>20</i>	
Date	Notary Public Signature	
<i>9/30/2020</i>	<i>[Signature]</i>	

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	
		Initials