



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: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name	CIFERRI	First Name	BENEDICT	Middle Initial
Business Name	NY PRESBYTERIAN HOSP	Business Phone	212-305-5433	Business Fax
Business Address	523 EAST 70TH STREET			Mobile Phone
City	NEW YORK	State	NY	Zip
			10021	E-Mail
				BEC9068@NYP.ORG

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

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Name (print)
BENEDICT CIFERRI

Signature

B. Ciferri

Date March 27, 2020

Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

27 day of MARCH 20 20

Notary Public Signature

Vanessa Severino

NOTARY PUBLIC-STATE OF NEW YORK
No. 0156191723

Qualified in New York County

My Commission Expires August 18, 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)		