

4 Design Applicant Information

Last Name **HO** First Name **PING MAN** Middle Initial _____
 Business Name **RAYMOND HO ARCHITECT** Business Phone **(917) 675-7787** Business Fax _____
 Business Address **160 CLAREMONT AVE. SUITE "A" SOUTH** Mobile Phone **(516) 395-0327**
 City **NEW YORK** State **NY** Zip **10027** E-Mail **rho@rharchityect.com**
 License Number **025149** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **XUEREB** First Name **PAUL** Middle Initial _____
 Business Name **230W4ST, LLC c/o Tri-Star E** Business Phone **(212) 751-4800** Business Fax **(212) 751-4821**
 Business Address **155 EAST 26 ST** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10010** E-Mail **pxuerb@TriStarEq.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)

PING MAN HO

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)

Paul Xuereb

Signature

Date

11-13-19

Notarization

State of New York, County of **New York**

Sworn to or affirmed under penalty of perjury

12th day of **Nov.** 20 **19**

Notary Public Signature

Roxanne C. Hirsch

Notary Seal

Roxanne C. Hirsch
 Notary Public, State of New York
 No. 01H16174688
 Qualified in New York County
 Commission Expires: September 24, 20 **23**

Internal Use Only			
Work Area	PW3 Cost Details Validation		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)		
Comments (May include cost guidance.)			