

4 Design Applicant Information

Last Name	Albert	First Name	Danielle	Middle Initial	
Business Name	Danielle Albert Architect, PLL	Business Phone	347-915-5962	Business Fax	
Business Address	20 Bayard Street, 8E			Mobile Phone	
City	Brooklyn	State	NY	Zip	11211
E-Mail					
License Number	035836	Choose One:	☐ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	Gilly	First Name	Federico	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	21 East 87 Street, 12B			Mobile Phone	
City	New York	State	NY	Zip	10128
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)

Danielle Albert, RA

Signature

Date

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

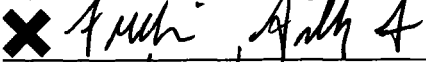
7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Federico Gilly

Signature



Date

1/16/2020

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		