

4 Design Applicant Information

Last Name	Siano	First Name	Michael	Middle Initial	J
Business Name	Politi+Siano Architects	Business Phone	2126907072	Business Fax	
Business Address	909 Third Avenue, 6413			Mobile Phone	
City	New York	State	NY	Zip	10150
E-Mail	msiano@psa-nyc.com				
License Number	028879	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Manso	First Name	Jesus	Middle Initial	
Business Name	NA	Business Phone	6469571172	Business Fax	
Business Address	953 2nd Avenue			Mobile Phone	
City	New York	State	NY	Zip	10022
E-Mail	joseph@socarratnyc.com				

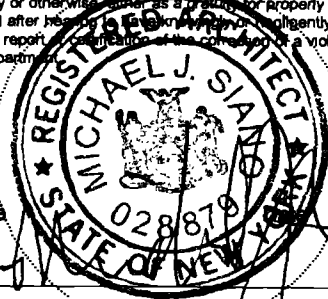
6 Design Applicant's Statements and Signatures

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)

Michael J. Siano

Signature



4.23.19

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)

Jesus Manso

Signature

Date

04/25/19

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)		