

4 Design Applicant Information

Last Name **Boselli** First Name **Mirella** Middle Initial _____
 Business Name **Mirella Boselli RA** Business Phone **917-596-7530** Business Fax _____
 Business Address **3730 83rd rd** Mobile Phone _____
 City **Jackson Heights** State **NY** Zip **11372** E-Mail _____
 License Number **025584** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Hirschhorn** First Name **David** Middle Initial **B**
 Business Name **Island House Tenants Corp.** Business Phone **212-755-3012** Business Fax _____
 Business Address **545 Main street** Mobile Phone _____
 City **New York** State **NY** Zip **10044** 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)

Mirella Boselli

Signature

Date

P.E. / R.A. Seal (if any seal, sign and date over seal)

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

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Name (print)

David B. Hirschhorn

Signature

Date

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)		