



4 Design Applicant Information

Last Name JEROME First Name PAMELA Middle Initial _____
 Business Name ARCHITECTURAL PRESERVATION STUDIO, PC Business Phone (212) 477-7976 Business Fax () -
 Business Address 594 BROADWAY SUITE 919 Mobile Phone () -
 City NEW YORK State NY Zip 10012 E-Mail JEROME@PRESERVATIONSTUDIO.COM
 License Number 019577 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name MELVIN First Name RORY Middle Initial _____
 Business Name NYC ECONOMIC DEVELOPMENT CORP. Business Phone (212) 312-3800 Business Fax (212) 312-3919
 Business Address 110 WILLIAM STREET, 6TH FLOOR Mobile Phone () -
 City NEW YORK State NY Zip 10038 E-Mail OPERATIONS@EDC.NYC

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 *Notary only required when submitting to obtain sign-off.*

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 is punishable by a fine or 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)

RORY MELVIN

Signature

Date

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

18 day of March20 14

Notary Public Signature

Notary Seal

Notary Public, State of New York
 No. 01306292830
 Qualified in New York County
 Commission Expires 11/12/2021

SIGN & NOTARIZE

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)		

"The City of New York" is owner of the property which has been leased to applicant's affiliate via long-term ground lease. The City of New York has conducted no independent verification of the contents of this application."