

4 Design Applicant Information

Last Name **DIAZ** First Name **DOMINGO** Middle Initial **J**
 Business Name **DIAZ ARCHITECTS, INC** Business Phone **(212) 730-2240** Business Fax **(212) 730-8611**
 Business Address **225 WEST 39TH STREET 12TH FLOOR** Mobile Phone () -
 City **NEW YORK** State **NY** Zip **10018** E-Mail **DDIAZ@DIAZARCHITECTS.COM**
 License Number **024340** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **MCARTHUR** First Name **EDWARD** Middle Initial **S**
 Business Name **TRUSTEES OF COLUMBIA UNIVERSITY** Business Phone **(212) 854-7187** Business Fax **(212) 866-9664**
 Business Address **410 WEST 118TH STREET B-230 EAST CAMPUS** Mobile Phone () -
 City **NEW YORK** State **NY** Zip **10027** E-Mail **CPM.DOB.FDNY@COLUMBIA.EDU**

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)

EDWARD MCARTHUR

Signature

Date

Notarization

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

Sworn to or affirmed under penalty of perjury

30th day of **June** 20**22**

Notary Public Signature

Notary Seal

DIANA SUAREZ
 Notary Public, State of New York
 No. 01SU193342
 Qualified in New York County
 Commission Expires Sept. 15, 2024

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)		