

4 Design Applicant Information

Last Name	Guterman	First Name	Edward	Middle Initial	M
Business Name	Edward Guterman, P.E.	Business Phone	212-334-4114	Business Fax	
Business Address	217 CENTRE STREET, 5TH FLOOR			Mobile Phone	
City	NEW YORK	State	NY	Zip	10013
E-Mail	edguterman@aol.com				
License Number	061893	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	NOVOGRATZ	First Name	ROBERT	Middle Initial	
Business Name	THE NOVOGRATZ	Business Phone	917-385-0603	Business Fax	
Business Address	14 ST. LUKE'S PLACE			Mobile Phone	
City	NY	State	NY	Zip	10014
E-Mail					

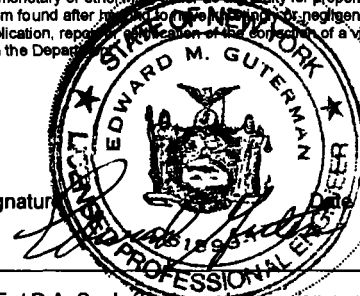
6 Design Applicant's Statements and Signatures

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)

Edward M. Guterman, P.E.

Signature



P.E. / R.A. Seal (apply seal when 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)

ROBERT NOVOGRATZ, OWNER

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)		