



4 Design Applicant Information

Last Name **Lekometros** First Name **Thomas** Middle Initial _____
 Business Name **The Lawrence Group** Business Phone **2127642424** Business Fax _____
 Business Address **275 West 39th Street, 9th floor** Mobile Phone _____
 City **New York** State **NY** Zip **10018** E-Mail **Tom.Lekometros@thelawr**
 License Number **019606** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Quinlan** First Name **Robert** Middle Initial **C**
 Business Name **Chelsea Eighth Realty LLC** Business Phone **2127126191** Business Fax _____
 Business Address **157 Columbus Avenue, Ste 2 East** Mobile Phone _____
 City **New York** State **NY** Zip **10023** E-Mail **RQuinlan@quinlandev.co**

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)

Thomas Lekometros

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.*

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Name (print)

Robert C. Quinlan

Signature

Date

12/2/19

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

2 day of December

2019

Notary Public Signature

EMILY BASTROF-BERNSTEIN

NOTARY PUBLIC-STATE OF NEW YORK

No. 01AS6373461

Qualified in New York County

My Commission Expires 04-09-2022

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)		