



4 Design Applicant Information

Last Name **BAKSA** First Name **ARPAD** Middle Initial _____
 Business Name **ARPAD BAKSA ARCHITECT,** Business Phone **212 768 4191** Business Fax _____
 Business Address **75 BROAD STREET, SUITE 406** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10004** E-Mail **abaksa@arpad-baksa-ar...**
 License Number **16325** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **WINE** First Name **DAVID** Middle Initial _____
 Business Name **TENTH + WAVERLY, LLC** Business Phone **212 367 8480** Business Fax _____
 Business Address **313 WEST 22ND STREET, STE 1D** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10011** E-Mail **david@oliversrealtygrou...**

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)

DAVID WINE

Signature

Date

3/9/23

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

9th day of **MARCH** 20 **23**

Notary Public Signature

Notary Seal

Garamvolgyi, Xenia
Notary Public State of New York
No. 01GA6204250
Qualified in New York County
Commission Expires 04/13/2025

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)		