

Scan Code ESHS1871760

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address		Mobile Phone
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail

5 Owner/Lease Holder Information

Last Name	Langendoen	First Name	Rebecca	Middle Initial
Business Name	Broadway Times Square Inc.	Business Phone	212 967-4590	Business Fax 212-694-4599
Business Address	1370 Broadway Suite 1420			Mobile Phone
City	New York	State	NY	Zip 10018
				E-Mail rlangendoen@normandyrealty.com

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)

Rebecca Langendoen

Signature

Rebecca Langendoen

Date

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

10th day of December 2020

Notary Public Signature

Elizabeth A. Christie

Notary Seal

ELIZABETH A. CHRISTIE
 Notary Public, State of New York
 No. 01CH5067649
 Qualified in New York County
 Commission Expires October 21, 2022

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	Initials
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	