

4 Design Applicant Information

Last Name **RYAN** First Name **WILLIAM** Middle Initial **F**
 Business Name **RYAN CONSULTING ENG.** Business Phone _____ Business Fax _____
 Business Address **299 BROADWAY, SUITE 1403** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10007** E-Mail **WFRYAN@RYANCE.CO**
 License Number **079554** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **FEIL** First Name **JEFFREY** Middle Initial _____
 Business Name **RP/FEIL 57, LLC** Business Phone **212-609-8640** Business Fax **212-946-9940**
 Business Address **370 SEVENTH AVE., SUITE 618** Mobile Phone _____
 City **NEW YORK** State **NY** Zip **10001** E-Mail **DKUNA@FEILORG.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)

WILLIAM F. RYAN

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)

JEFFREY FEIL

Signature

Date

JUL 11 2017

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

11 day of **July** 20 **17**

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)		