

4 Design Applicant Information			
Last Name	McNamara	First Name	Michael
Business Name	EME Group	Business Phone	2125295969
Business Address	129 W 27th Street	Business Fax	
City	New York	Mobile Phone	
State	NY	E-Mail	mmcnamara@emegroup,c
Zip	10001		
License Number	062959	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

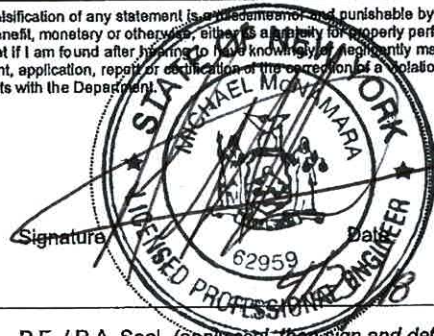
5 Owner/Lease Holder Information			
Last Name	Valente	First Name	Stephen
Business Name	DOE DSF	Business Phone	7183495590
Business Address	44-36 Vernon Blvd	Business Fax	
City	LIC	Mobile Phone	
State	NY	E-Mail	scaowner@nycsca.org
Zip	11101		

6 Design Applicant's Statements and Signatures			
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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)

Michael McNamara



P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures <i>Notary only required when submitting to obtain sign-off.</i>			
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Name (print)

Stephen Valente

Signature

[Signature] 3/22/18

Date

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)		