

4 Design Applicant Information

Last Name	Russell	First Name	Andrea	Middle Initial
Business Name	Andrea Russell Architect	Business Phone	646-286-0919	Business Fax
Business Address	996 South Street, Unit 2	Mobile Phone		
City	Rosindale	State	MA	Zip
			02131	E-Mail
License Number	034862	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	

5 Owner/Lease Holder Information

Last Name	SERRY	First Name	MAHIN	Middle Initial
Business Name	N/A	Business Phone	917 770 2585	Business Fax
Business Address	477 BROOME ST, APT 32	Mobile Phone		
City	NEW YORK	State	NY	Zip
			10013	E-Mail

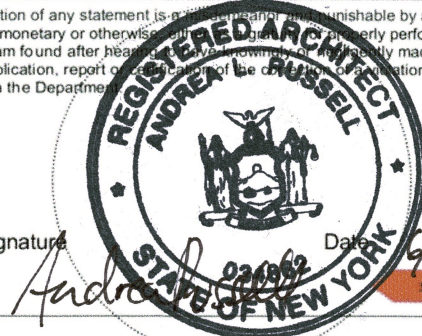
6 Design Applicant's Statements and Signatures

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 is 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)
Andrea Russell

Signature

Date



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

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)
MAHIN SERRY

Signature

Date
06/09/2020

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)		