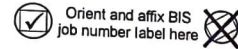




Job Number

Scan Code



☒ ☐ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☒ Interior Renovation

☐ Exterior Renovation

☐ (Describe)

[illegible]

12/14

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	GILBERT	First Name	KARINA	Middle Initial
Business Name	SVP	Business Phone	2123123800	Business Fax
Business Address	ONE LIBERTY PLAZA 14 FL			Mobile Phone
City	NY	State	NY	Zip
			10016	E-Mail
				operations@edc.nyc

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)

Signature

Date

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

7 Owner's/Lease Holder'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 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)
KARINA GILBERT

Signature

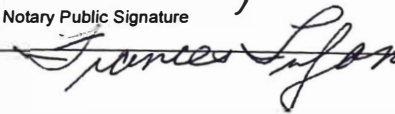


Karina Gilbert (JUL 1, 2021 08:33 EDT)
Date
07/07/2021Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

7th day of July 20 21

Notary Public Signature



Notary Seal

FRANCES TUFANO
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01TU5080131
Qualified in Queens County
Commission Expires June 16, 2023

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)		