

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:	E-Mail
	☐ P.E. ☐ R.A. ☐ Sign Hanger ☒ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	COSTELLO	First Name	MARGARET	Middle Initial
Business Name	N/A	Business Phone	561 - 818 - 9239	Business Fax
Business Address	30 FIFTH AVENUE - APT#16H			Mobile Phone
City	NEW YORK	State	NY	Zip
			10011	E-Mail
				macostello1@mac.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)	Notarization	Notary Seal
MARGARET COSTELLO	State of New York, County of:	LUIGI R. REBOLLOS
Signature	Sworn to or affirmed under penalty of perjury	NOTARY PUBLIC-STATE OF NEW YORK
<i>Margaret Costello</i>	28 day of Oct. 20 21	No. 01RE6418106
Date	Notary Public Signature	Qualified in Queens County
10/28/21	<i>Luigi Rebollo</i>	My Commission Expires 06-01-2025

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)		