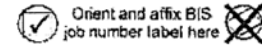




Scan Code



**List ALL Categories of Work specified "Yes" above. Use more than one line for Categories of Work that involve multiple unit costs. See PW3 Form Instructions for a sample of completed Section 3 Cost Details.*

4 Design Applicant Information

Last Name Lombardo First Name Michael Middle Initial _____
 Business Name Lombardo Professional Eng Business Phone 718-482-6556 Business Fax _____
 Business Address 53-01 11th Street, 3rd Floor Mobile Phone _____
 City LIC State NY Zip 11101 E-Mail mlombardo@lombardo-pe
 License Number 090287 Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name ZEN First Name BELINDA Middle Initial _____
 Business Name TRINITY NYC HOTEL, LLC Business Phone 213-612-4886 Business Fax _____
 Business Address 404 SOUTH FIGUEROA STREET Mobile Phone _____
 City LOS ANGELES State CA Zip 90071 E-Mail BELINDAZEN@HOTMAIL

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)

MICHAEL LOMBARDO

Signature



Date

10/08/20

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)

BELINDA ZEN

Signature

Date

8-31-20

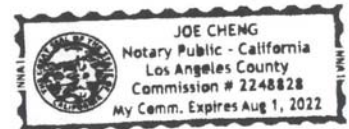
Notarization CALIFORNIAState of New York, County of: LOS ANGELES

Sworn to or affirmed under penalty of perjury

31st day of AUGUST 20 20

Notary Public Signature

Notary Seal



Internal Use Only			
Work Area	PW3 Cost Details Validation		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)		