

12/14

4 Design Applicant Information

Last Name	Montroy	First Name	Daniel	Middle Initial	
Business Name	Montroy DeMarco Architectur	Business Phone	2124815900	Business Fax	(212) 481-7481
Business Address	99 Madison Avenue, 14th Floor			Mobile Phone	(917) 734-5907
City	New York	State	NY	Zip	10016
E-Mail	DMontroy@MADGI.com				
License Number	18935	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Geary	First Name	Mike	Middle Initial	
Business Name	Trinity Centre LLC.	Business Phone	(212) 385-1200	Business Fax	(212) 385-1883
Business Address	115 Broadway, 21st Floor			Mobile Phone	
City	New York	State	NY	Zip	10006
E-Mail	mgeary@trinity-centre.co				

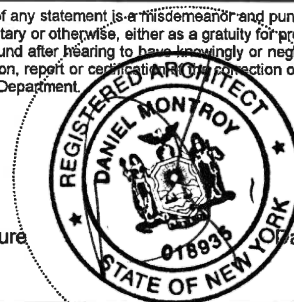
6 Design Applicant's Statements and Signatures

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, or 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)

Daniel Montroy

Signature



Date

11-11-20

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)

Mike Geary

Signature

Date

11/11/2020

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)		