



4 Design Applicant Information

Last Name Jones First Name Laurence Middle Initial _____
 Business Name Laurence G Jones Arch. Business Phone 212-290-9260 Business Fax _____
 Business Address 545 Eighth Avenue, 16th Floor Mobile Phone _____
 City New York State NY Zip 10018 E-Mail _____
 License Number 020432 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Dye First Name John Middle Initial _____
 Business Name School of Visual Arts Business Phone 212-592-2156 Business Fax _____
 Business Address 209 East 23rd Street Mobile Phone _____
 City New York State NY Zip 10010 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 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)

Laurence Jones

Signature

9/2/21

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)

John Dye

Signature

Date

8/6/2021

Notarization

State of New York, County of: Queens

Sworn to or affirmed under penalty of perjury

6th day of August 2021

Notary Public Signature

Notary Seal

Miguel L. Medina
Notary Public, State of New York
 No. 01ME6294906
 Qualified in Queens County
 Commission Expires Jan. 21, 2022

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)		