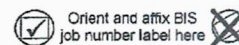




Scan Code

12/14

4 Design Applicant Information

Last Name **MOORE** First Name **JAMES** Middle Initial **I**
 Business Name **MOORE ASSOCIATES LLC** Business Phone **646-455-0191** Business Fax
 Business Address **42 WEST 65TH STREET** Mobile Phone
 City **NEW YORK** State **NY** Zip **10023** E-Mail **jmoore@mooreassociatesl**
 License Number **061356** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SCHARFMAN** First Name **MARK** Middle Initial
 Business Name **NINTH AVENUE REALTY** Business Phone **914-517-2435** Business Fax
 Business Address **111 NORTH CENTRAL PARK AVENUE** Mobile Phone
 City **HARTSDALE** State **NY** Zip **10530** E-Mail **MARK@APTSNY.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)

JAMES I MOORE

Signature

Date

11/3/20

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)

MARK SCHARFMAN

Signature

Date

11-13-20

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

18 day of Nov 2020

Notary Public Signature

Debra M. Zurrow

Notary Seal

DEBRA M. ZURROW

Notary Public, State of New York

No. 012U6069572

Qualified in Westchester County

Commission Expires Feb. 4, 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)		