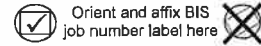




Scan Code

12/14

4 Design Applicant Information

Last Name Masone First Name Robert Middle Initial S
 Business Name Robert S Masone Business Phone 646-530-4956 Business Fax _____
 Business Address 11 Hickory Drive Mobile Phone _____
 City Greenwich State CT Zip 06831 E-Mail rsmasone1@gmail.com
 License Number 084951 Choose One ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Smith First Name Leonard Middle Initial _____
 Business Name Harlem Academy Business Phone 212 348 2600 Business Fax _____
 Business Address 655 St. Nicholas Avenue Mobile Phone _____
 City New York State NY Zip 10030 E-Mail lsmith@harlemacademy.o

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 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, in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the execution 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)

Robert S. Masone

Signature

Date

11-17-2021

P.E. / R.A. Seal (to be placed 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, in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the execution 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)

Leonard Smith

Signature

Date

11/17/2021

Notarization

State of New York, County of _____

Sworn to or affirmed under penalty of perjury

17 day of November 2021

Notary Public Signature

Notary Seal

MADAYI PEREZ

NOTARY PUBLIC-STATE OF NEW YORK

No 01PE6254196

Qualified in New York County

My Commission Expires 01-17-2024

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)		