

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 011801

Last Name ROBINSON

First Name JAMES

Middle Initial L

Business Name ROBINSON ARCHITECTS

Business Phone 21-2966-7828

Business Fax

Business Address 55C DELANCEY STREET

Mobile Phone

City NEW YORK

State NY

Zip 10002

E-Mail

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease Holder

Last Name Hershkowitz

First Name Robert

Middle Initial

Business Name 80 West Square Associates L Business Phone 718-892-9200

Business Fax

Business Address 3240 E Tremont Avenue

Mobile Phone

City Bronx

State NY

Zip 10461

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) James L. Robinson

Signature

Date 7-10

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.*

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Name (print)

Robert Hershkowitz

Signature

Date

Notarization

State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

6 day of April 2010

Notary Public Signature

Notary Seal

EDANN M. MUSARIELLO
Notary Public, State of New York
No. J3-4717650
Qualified in Bronx County
Commission Expires 6/30/11

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		