



**4 Design Applicant Information**Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_ License Number 15312Last Name CrawfordFirst Name Errol

Middle Initial \_\_\_\_\_

Business Name MS Design Associates IncBusiness Phone 718 221 1900Business Fax 718 221 2036Business Address 131 Kingston Avenue

Mobile Phone \_\_\_\_\_

City BrooklynState NYZip 11213

E-Mail \_\_\_\_\_

**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name CosenzaFirst Name John

Middle Initial \_\_\_\_\_

Business Name N/ABusiness Phone 718 364 8510

Business Fax \_\_\_\_\_

Business Address 2354 Arthur Avenue

Mobile Phone \_\_\_\_\_

City BronxState New YorkZip 10458

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) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notarization

State of New York, County of Kings

Sworn to or affirmed under penalty of perjury

26<sup>th</sup> day of November 2012

Notary Public Signature \_\_\_\_\_

Notary Seal:

CASSANDRA PRICE-STERLING  
NOTARY PUBLIC, State of New York  
NO. 01702000 4  
Qualified in Kings County  
Commission Expires March 16, 2013

| Internal Use Only                   |                                                                                       |                                       |          |
|-------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Work Area                           | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
| Pre-Filing:                         | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination:                   | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                             | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Pre-Filing/Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |