

12/14

**4 Design Applicant Information**

|                  |                        |                |                                                                                                                                                      |                |                     |
|------------------|------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Last Name        | Jarmel                 | First Name     | Matthew                                                                                                                                              | Middle Initial | B                   |
| Business Name    | JARMEL KIZEL ARCHITECT | Business Phone | 9739949669                                                                                                                                           | Business Fax   |                     |
| Business Address | 42 OKNER PARKWAY       | Mobile Phone   |                                                                                                                                                      | E-Mail         | mbjarmel@jkarch.com |
| City             | LIVINGSTON             | State          | NJ                                                                                                                                                   | Zip            | 07039               |
| License Number   | 024673                 | Choose One:    | <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) |                |                     |

**5 Owner/Lease Holder Information**

|                  |                 |                |              |                |       |
|------------------|-----------------|----------------|--------------|----------------|-------|
| Last Name        | Pecora          | First Name     | Frank        | Middle Initial |       |
| Business Name    | PRONTO LLC      | Business Phone | 212-861-0303 | Business Fax   |       |
| Business Address | 1374 1ST AVENUE | Mobile Phone   |              | E-Mail         |       |
| City             | NEW YORK        | State          | NY           | Zip            | 10021 |

**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, 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)

Matthew B Jarmel, RA

Signature



06.12.20

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)

FRANK PECORA

Signature

2/9/2021

Date

Notarization

State of New York, County of: CUYA

Sworn to or affirmed under penalty of perjury

9 day of FEB 2021

Notary Public Signature

Notary Seal

ANTHONY WONG  
Notary Public, State of New York  
No. 01WO6216490  
Qualified in Queens County  
Commission Expires Jan. 19, 2022

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