



**4 Design Applicant Information**

|                  |                      |                |                                                                                                                                                            |                |       |
|------------------|----------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| Last Name        | Salzar               | First Name     | Thomas                                                                                                                                                     | Middle Initial |       |
| Business Name    | Thomas Salzar        | Business Phone | 2129560940                                                                                                                                                 | Business Fax   |       |
| Business Address | 325 West 52 Street   |                |                                                                                                                                                            | Mobile Phone   |       |
| City             | New York             | State          | NY                                                                                                                                                         | Zip            | 10019 |
| E-Mail           | Tom@salzarthomas.com |                |                                                                                                                                                            |                |       |
| License Number   | 031227               | 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        | Wertzberger              | First Name     | Joel         | Middle Initial |       |
| Business Name    | 922 Southern Blvd LLC    | Business Phone | 718-289-0606 | Business Fax   |       |
| Business Address | 5014 16 Avenue Suite 499 |                |              | Mobile Phone   |       |
| City             | Brooklyn                 | State          | NY           | Zip            | 11204 |
| E-Mail           | Joel@aiequities.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 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 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, 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)

Thomas Salzar

Signature



P.E. / R.A.

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e 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)

Joel Wertzberger

Signature

Date

6/16/2023

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

6 day of June 20 23

Notary Public Signature

Notary Seal

MENACHEM MENDEL MOSTER  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01106247432  
Qualified in Kings County  
My Commission Expires 08-29-2023

**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)                         |                                       |          |