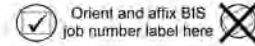




Scan Code



1/10

4 Design Applicant Information

Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 035290

Last Name Petersen First Name Tom Middle Initial _____

Business Name Tom Petersen Architect, LLC Business Phone 732-730-1763 Business Fax _____

Business Address 6 Country Lane Mobile Phone _____

City Howell State NJ Zip 07731 E-Mail _____

5 Owner/Lease Holder Information

Choose One: ☒ Owner ☐ Lease Holder

Last Name POWERS First Name MICHAEL Middle Initial _____

Business Name N/A Business Phone N/A Business Fax N/A

Business Address 3091 CHAFFEE AVENUE Mobile Phone 347-582-0147

City BRONX State NY Zip 10465 E-Mail MIKE0257@OPTONLINE.N

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)

Tom Petersen

Signature

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)

MICHAEL POWERS

Signature

Date

6/6/14

Notarization

State of New York, County of: Bronx

Sworn to or affirmed under penalty of perjury

6th day of June 20 14

Notary Public Signature

Evelyn M. Nunez Ochoa

Notary Seal



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)		