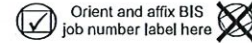




Scan Code

12/14

4 Design Applicant Information

Last Name	Wavro	First Name	Matthew	Middle Initial
Business Name	Skyline Engineering	Business Phone	212 239 1892	Business Fax
Business Address	224 W 29 Street	Mobile Phone		
City	New York	State	NY	Zip
			10001	E-Mail
License Number	083161	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	

5 Owner/Lease Holder Information

Last Name	Gilliland	First Name	Sally	Middle Initial
Business Name	Penninsula JV, LLC	Business Phone	212 710 6028	Business Fax
Business Address	826 Broadway	Mobile Phone		
City	New York	State	NY	Zip
			10003	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)

Sally Gilliland

Signature



Date

1.13.23

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

13th day of January 20 23

Notary Public Signature



Notary Seal

JOSEPH D. LOVE
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01LO6088118
QUALIFIED IN QUEENS COUNTY
COMMISSION EXPIRES MARCH 3, 2023

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