

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number		E-Mail
Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name SIEGEL	First Name JOSHUA	Middle Initial
Business Name PL SARA LLC	Business Phone (212) 350-9900	Business Fax () -
Business Address 70 EAST 55TH STREET	Mobile Phone () -	
City NEW YORK	State NY	Zip 10022
		E-Mail JSIEGEL@DVLN.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 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)

JOSHUA SIEGEL

Signature



Date 11/30/21

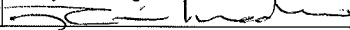
Notarization

State of New York, County of New York

Sworn to or affirmed under penalty of perjury

30 day of November 20 21

Notary Public Signature



Notary Seal

ROSEMARIE MADURO

Notary Public - State of New York

NO. 01MA5061240

Qualified in Kings County

My Commission Expires 7/13/22

Internal Use Only

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