



4 Design Applicant Information

Last Name	Ananthakrishnan	First Name	Malathi	Middle Initial	
Business Name	Synergic Design Architects	Business Phone	908-429-7707	Business Fax	908-464-6369
Business Address	31 Dorr Rd.	Mobile Phone	908-875-7221	E-Mail	malathi@synergicdesign.com
City	Providence	State	NJ	Zip	07974
License Number		Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Celius	First Name	Stanley	Middle Initial	
Business Name	Joint Ownership Entity NYC	Business Phone		Business Fax	
Business Address	588 Broadway Suite 1208	Mobile Phone		E-Mail	
City	New York	State	NY	Zip	10012

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)

Malathi Ananthakrishnan

Signature

Date

07/12/2022

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.*

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Name (print)

Stanley Celius

Signature



Date 07/12/2022

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		