

4 Design Applicant Information

Last Name Cogen First Name Michael Middle Initial J
 Business Name Cogen Architects Business Phone (212)862-1549 Business Fax _____
 Business Address P.O. Box 578, 40 Edgecombe Avenue Mobile Phone (347) 334-1088
 City New York State NY Zip 10030 E-Mail cogen@cogenarchitects.c
 License Number 016357 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name McLeod First Name Christine Middle Initial _____
 Business Name n/a Business Phone _____ Business Fax _____
 Business Address 10827 Flatlands 7 Street Mobile Phone _____
 City Brooklyn State NY Zip 11236 E-Mail cdillonmcLeod@gmail.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, in exchange 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 J. Cogen Sr., R.A.

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.

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Name (print)

Christine McLeod

Signature

Date

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

28 day of January 2019

Notary Public Signature

Notary Seal

STUART GREENFELD

Notary Public, State of New York

No. 24-01GR4762388

Qualified in Kings County

Commission Expires 11/30/20**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)		