

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 32959Last Name STACOMFirst Name JOHN

Middle Initial _____

Business Name JOHN STACOM ARCHITECT Business Phone 718-225-7755Business Fax 718-229-9301Business Address 38-08 BELL BOULEVARD

Mobile Phone _____

City BAYSIDEState N.YZip 11361E-Mail JOHNSTACOM@HOTMA**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name MARCHESE-LESCAILLIFirst Name ANGELA

Middle Initial _____

Business Name N/ABusiness Phone 718-232-0407

Business Fax _____

Business Address 2014 62 STREET

Mobile Phone _____

City BROOKLYNState N.YZip 11204E-Mail ANGELA.M.LESCAILLI@**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 or 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)

JOHN STACOM

Signature



11/21/11

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)

ANGELA MARCHESE-LESCAILLI

Signature

Date

11/21/11

Notarization

State of New York, County of: Q

Sworn to or affirmed under penalty of perjury

day of Nov 20 11

Notary Public Signature

Notary Seal

LIMING YAO
Notary Public, State of New York
No. 01YA6143107
Qualified in Queens County
Commission Expires April 3, 2014

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)		