

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 029590-1Last Name Lage'First Name David

Middle Initial _____

Business Name Lage' Architecture PCBusiness Phone (212)796-7995Business Fax (212)796-7996Business Address 55 Washington Street, Suite 459b

Mobile Phone _____

City BrooklynState NYZip 11201

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☒ Owner ☐ Lease HolderLast Name MoogFirst Name Rachel

Middle Initial _____

Business Name N/ABusiness Phone 917-691-4313

Business Fax _____

Business Address 243 Stuyvesant Avenue

Mobile Phone _____

City BrooklynState NYZip 11221E-Mail rachel@mooginteractive.co**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 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)

David Lage'

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)

Rachel Moog

Signature

Date

11.22.13

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

22 day of November 2013

Notary Public Signature

[Signature]

Notary Seal

DANA NAHAS
NOTARY PUBLIC, State of New York
No. 01NA6003973
Qualified in Kings County
Commission Expires 4-19-14

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-File:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-File/C of O:	☐ Accept Revised Submission (Resolved)		



DS1: Demolition Submittal Certification Form

Must be typewritten.

Demolition drawings must be submitted along with this form.



LAG14

Document No., required:

1 Location Information Required for all certifications.

House No(s) 243

Street Name Stuyvesant Avenue

Borough Brooklyn

Floor(s) BAS, ROF

2 Preparer Information Required for all certifications.

Check all that apply: ☒ PW1 Applicant ☐ P.E./R.A. Other Than PW1 Applicant

Last Name Lage'

First Name David

Middle Initial

Business Name Lage' Architecture PC

Business Telephone (212)796-7995

Business Address 55 Washington Street, Suite 459b

Business Fax (212)796-7996

City Brooklyn

State NY

Zip 11201

Mobile Telephone

License Type

☐ P.E.

☒ R.A.

☐ Other:

License Number 029590

3 Demolition Description and Certification Required prior to permit. Subsequent revisions must be submitted to the Department.

Indicate Submittal Type: ☒ Initial submittal ☐ Supersede existing submittal(s) - indicate scan code(s) of DS1 being superseded below
Scan Code(s):

3A Demolition Type: ☐ Full Demolition (DM) ☒ Partial Demolition (Alteration)

3B Demolition work will involve, per BC 3306.5 (authorized preparers indicated in parenthesis): Check all that apply

☒ Non-mechanical demolition means and methods only (P.E. or R.A. only) - stop and proceed to section 3C

☐ Use of hand-held mechanical equipment (P.E. or R.A. only)

☒ Work on interior of building

☐ Use of other than hand-held mechanical equipment (P.E. only)

☒ Work on exterior of building

General description of the type(s) of mechanical demolition equipment used:

3C If superseding a previous plan submittal, indicate scan code(s) of the A11: (Note: any revisions/additions/deletions to the original plan submission must be accompanied by an A11 form detailing all plan changes)

3D Statement by demolition document preparer:

☒ I have prepared the attached demolition submittal documents in accordance with BC 3306 and certify that they are in compliance

Name (please print)

David Lage'

Signature

Date

I hereby state that all of the above information is correct and complete to the best of my knowledge. Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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.

P.E. / R.A. Seal (apply seal, then sign and date over seal)