



**4 Design Applicant Information**

|                  |                               |                |                                                                                                                                                            |                |              |
|------------------|-------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------|
| Last Name        | Leder-Luis                    | First Name     | Julio                                                                                                                                                      | Middle Initial | C            |
| Business Name    | Leder-Luis Architectural Dsgn | Business Phone | 914-423-9778                                                                                                                                               | Business Fax   | 914-423-9781 |
| Business Address | 66 Main Street- Suite 913     |                |                                                                                                                                                            | Mobile Phone   |              |
| City             | Yonkers                       | State          | NY                                                                                                                                                         | Zip            | 10701        |
| E-Mail           | judjul@aol                    |                |                                                                                                                                                            |                |              |
| License Number   | 020478                        | Choose One:    | <input type="checkbox"/> P.E. <input checked="" type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |                |              |

**5 Owner/Lease Holder Information**

|                  |                        |                |              |                |       |
|------------------|------------------------|----------------|--------------|----------------|-------|
| Last Name        | Gaberkorn              | First Name     | James        | Middle Initial |       |
| Business Name    | N/A                    | Business Phone | 917-295-0195 | Business Fax   |       |
| Business Address | 2763 East 63rd Street  |                |              | Mobile Phone   |       |
| City             | Brooklyn               | State          | NY           | Zip            | 11234 |
| E-Mail           | jgaberkorn@hotmail.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)

Julio C. Leder-Luis, RA

Signature

Date

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

**7 Owner's/Lease Holder's Statements and Signatures**

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Name (print)

James Gaberkorn

Signature

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

day of

20

Date

Notary Public Signature

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |