

4 Design Applicant Information

Last Name	Vassalotti	First Name	James	Middle Initial	E
Business Name	Vassalotti Assoc Arch	Business Phone	5163265353	Business Fax	5163265355
Business Address	66 Powerhouse Road	Mobile Phone			
City	Roslyn Htgs	State	NY	Zip	11577
E-Mail					
License Number	013629	Choose One:	☐ P.E.	☒ R.A.	☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name	Palevsky	First Name	Arthur	Middle Initial	
Business Name	Independent Living Assoc	Business Phone	7188522000	Business Fax	
Business Address	110 York Street	Mobile Phone			
City	Brooklyn	State	NY	Zip	11201
E-Mail					

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, 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)

James E. Vassalotti, R.A.

Signature

Date

6/6/18

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)

Arthur Palevsky

Signature

Date

6/4/18

Notarization

State of New York, County of *Columbia*

Sworn to or affirmed under penalty of perjury

4

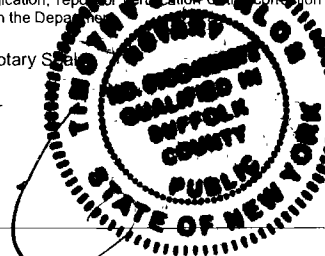
day of

June

20

Notary Public Signature

Notary Seal



Expires 12/31/2021

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination	☐ Accept Original ☐ Revised Cost Needed	
C of O	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	