

4 Design Applicant Information

Last Name	KLEIN	First Name	PETER	Middle Initial	
Business Name	PETER KLEIN ASSOCIATES	Business Phone	917-853-5287	Business Fax	
Business Address	2911 YATES AVE			Mobile Phone	
City	BRONX	State	NY	Zip	10469
E-Mail					
License Number	019054	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	MAIMONE	First Name	TONY	Middle Initial	
Business Name	N/A	Business Phone	917-586-0760	Business Fax	
Business Address	44 DOBBIN ST			Mobile Phone	
City	BROOKLYN	State	NY	Zip	11222
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 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)

PETER KLEIN

Signature



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)

TONY MAIMONE

Signature

Date

Tony Maimone
3/21/19

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Public Signature

Notary Seal

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)			