

12/14

4 Design Applicant Information

Last Name **MARTARELLA III** First Name **FRANK** Middle Initial _____
 Business Name **Think Design Architecture** Business Phone **(718) 987-3729** Business Fax **(718) 987-4397**
 Business Address **101 VICTORY BLVD.** Mobile Phone _____
 City **STATEN ISLAND** State **NY** Zip _____ E-Mail **frank@thinkdesignarch.co**
 License Number **033343** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **ELINSON** First Name **SARA** Middle Initial _____
 Business Name _____ Business Phone **(718) 915-4269** Business Fax _____
 Business Address **5 WEBSTER PLACE** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11215** 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)

FRANK MARTARELLA III

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)

SARA ELINSON

Signature

Date

01/20/2015

Notarization

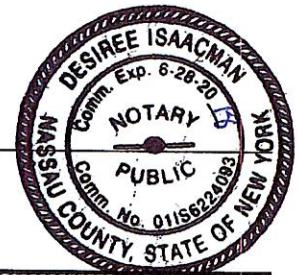
State of New York, County of:

Sworn to or affirmed under penalty of perjury

20th day of January 20 15

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)		