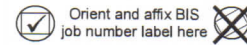




Scan Code



12/14

4 Design Applicant Information

Last Name	SAVALDI	First Name	AMIEL	Middle Initial	
Business Name	Amiel Savaldi Architect	Business Phone	516-295-6864	Business Fax	516-295-5192
Business Address	P.O. BOX #187	Mobile Phone			
City	CEDARHURST	State	NY	Zip	11516
				E-Mail	AMIEL@SAVALDI.COM
License Number	16497	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	DENSEN	First Name	MICHAEL	Middle Initial	
Business Name	N/A	Business Phone	N/A	Business Fax	N/A
Business Address	440 VAN BRUNT STREET	Mobile Phone	917-544-6510		
City	BROOKLYN	State	NY	Zip	11231
				E-Mail	mdensen@gmail.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.

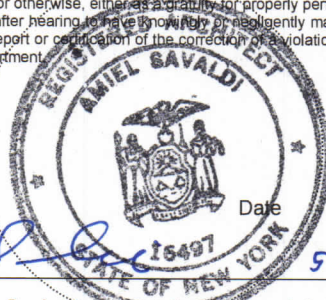
Name (print)

AMIEL SAVALDI

Signature

Date

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

**7 Owner's/Lease Holder'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)

MICHAEL DENSEN

Signature

Date

3/30/17

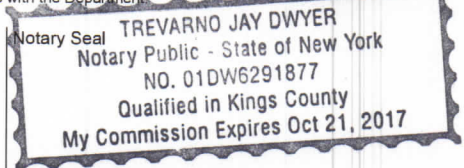
Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

30 day of March 20 17

Notary Public Signature



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)		