



**4 Design Applicant Information**

|                  |                                                                                                                                                            |                |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Last Name        | First Name                                                                                                                                                 | Middle Initial |
| Business Name    | Business Phone                                                                                                                                             | Business Fax   |
| Business Address | Mobile Phone                                                                                                                                               |                |
| City             | State                                                                                                                                                      | Zip            |
| License Number   | E-Mail                                                                                                                                                     |                |
| Choose One:      | <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ |                |

**5 Owner/Lease Holder Information**

|                  |                    |                |             |                |
|------------------|--------------------|----------------|-------------|----------------|
| Last Name        | ST LLC             | First Name     | 156 ERASMUS | Middle Initial |
| Business Name    | 160 ERASMUS STREET | Business Phone | 7185342824  | Business Fax   |
| Business Address | 4403 15 AVENUE     | Mobile Phone   |             |                |
| City             | BROOKLYN           | State          | NY          | Zip            |
|                  |                    |                |             | 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)

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)

160 ERASMUS ST LLC

Signature

Date

5/16/22

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

16 day of May 20 22

Notary Public Signature

[Signature]

Notary Seal

DAVID JANKLOWICZ  
Notary Public, State of NY  
No. 01JA6116598  
Qualified in Kings County  
Expires October 4, 2024

**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)                         |                                       |          |