



4 Design Applicant Information

Last Name	PETERSEN	First Name	TOM	Middle Initial	
Business Name	TOM PETERSEN ARCHITEC	Business Phone	732-730-1763	Business Fax	
Business Address	6 COUNTRY LANE			Mobile Phone	732-995-1415
City	HOWELL	State	NJ	Zip	07731
E-Mail	petersen8@optonline.net				
License Number	035290	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Acevedo	First Name	Lucia	Middle Initial	
Business Name		Business Phone		Business Fax	
Business Address	2842 West 25 Street			Mobile Phone	
City	Brooklyn	State	NY	Zip	11224
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)

TOM PETERSEN

Signature

Date

05/03/18

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)

Lucia Acevedo

Signature

Date

04/20/18

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)		