



**4 Design Applicant Information**

|                  |                    |                |                                                                                                                                                            |                |       |
|------------------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|
| Last Name        | Zdancewicz         | First Name     | Karol                                                                                                                                                      | Middle Initial |       |
| Business Name    | KZ Engineering, PC | Business Phone | 212-729-3559                                                                                                                                               | Business Fax   |       |
| Business Address | 116 Nassau Street  | Mobile Phone   |                                                                                                                                                            |                |       |
| City             | New York           | State          | NY                                                                                                                                                         | Zip            | 10038 |
| E-Mail           |                    |                |                                                                                                                                                            |                |       |
| License Number   | 079428             | 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        | Lam                          | First Name     | Keith        | Middle Initial |       |
| Business Name    | Dumbo Hotel, LLC             | Business Phone | 212-274-3000 | Business Fax   |       |
| Business Address | 202 Centre Street, 6th Floor | Mobile Phone   |              |                |       |
| City             | New York                     | State          | NY           | Zip            | 10013 |
| E-Mail           | keith.lam@lamgroupnyc.c      |                |              |                |       |

**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)

Karol Zdancewicz

Signature



2/26/20

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

**7 Owner's/Lease Holder's Statements and Signatures** *Notary only required when submitting to obtain sign-off.*

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)

Keith Lam

Signature

Date

*[Handwritten Signature]*  
 2/27/20

Notarization

State of New York, County of: *New York*

Sworn to or affirmed under penalty of perjury

*27th* day of *February* 20*20*

Notary Public Signature

SIGN HERE

Notary Seal

JULIE CHO

Notary Public, State of New York

Reg. No. 020H631123

Qualified in New York County

Commission Expires February 4, 2023

JULIE CHO

Notary Public, State of New York

Reg. No. 020H631123

Qualified in New York County

Commission Expires February 4, 2023

| 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)                         |                                       |          |