

4 Design Applicant Information

Last Name	HIMMELFARB	First Name	ARON	Middle Initial	
Business Name	AUVER ARCHITECTURE DP	Business Phone	2123808206	Business Fax	
Business Address	115 WEST 29TH ST SUITE 900			Mobile Phone	
City	New York	State	NY	Zip	10001
E-Mail	ARON@AUVER.COM				
License Number	038800	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	FOURNIER	First Name	GREGORY	Middle Initial	
Business Name	285 6 AVE LLC C/O GREE	Business Phone	2128048091	Business Fax	
Business Address	120 EAST 23 STREET, 5 FL			Mobile Phone	
City	NEW YORK	State	NY	Zip	10010
E-Mail	GFOURNIER@GREENB				

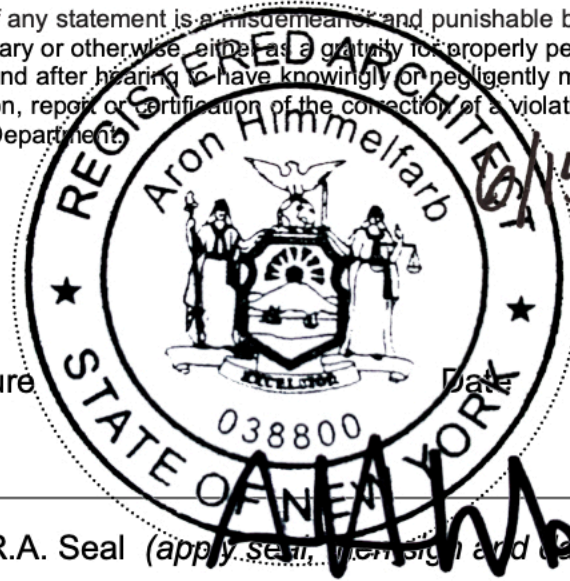
6 Design Applicant's Statements and Signatures

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)

ARON HIMMELFARB

Signature



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.*

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Name (print)

GREGORY FOURNIER

Signature

Date

6/23/2020

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		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)		