

4 Design Applicant Information

Last Name	Bell	First Name	Jeffery	Middle Initial	
Business Name	Jeffery Bell Architect	Business Phone	732-908-6416	Business Fax	
Business Address	786 Linden Road			Mobile Phone	
City	Toms River	State	NY	Zip	08753
E-Mail	jbellarch@gmail.com				
License Number	037138	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Hamilton	First Name	Janice	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	237 Chester Street			Mobile Phone	(917) 497 - 1370
City	Brooklyn	State	NY	Zip	11212
E-Mail					

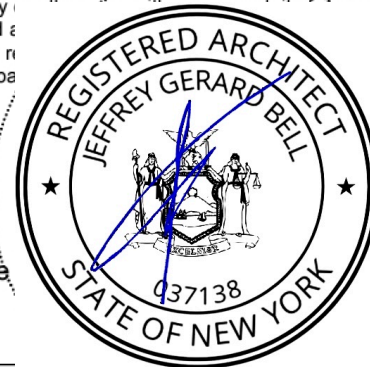
6 Design Applicant's Statements and Signatures

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, in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found 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)

Jeffery Bell

Signature



08/11/21

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)

Janice Hamilton

Signature

Date 08/11/21

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)		