

4 Design Applicant Information

Last Name Kinnear First Name John Middle Initial _____
 Business Name John Kinnear, AIA Business Phone (212)682-8390 Business Fax (212)682-8408
 Business Address 122 East 42nd Street Suite 715 Mobile Phone _____
 City New York State NY Zip 10168 E-Mail john@johnkinneararchitect
 License Number 012933 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Matalene First Name Eugene Middle Initial _____
 Business Name NA Business Phone (212)923-0902 Business Fax _____
 Business Address 6 Varick Street #6A Mobile Phone _____
 City New York State NY Zip 10013 E-Mail gmatalene@gmail.com

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)

John Kinnear

Signature

Date

P.E. / R.A. Seal (applicant to sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Eugene Matalene

Signature

Date

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)		