

4 Design Applicant Information

Last Name **Stahl** First Name **Robert** Middle Initial **J**
 Business Name **Robert J Stahl Architect PC** Business Phone **914-251-0900** Business Fax **914-251-0990**
 Business Address **75 North Central Avenue, Suite 305** Mobile Phone _____
 City **Elmsford** State **NY** Zip **10523** E-Mail _____
 License Number **019014** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Scott** First Name **Marion** Middle Initial _____
 Business Name **Rochdale Village Inc.** Business Phone **718-276-5700** Business Fax _____
 Business Address **170-10 130 Avenue** Mobile Phone _____
 City **Queens** State **NY** Zip **11434** E-Mail **msscott@rochdalevillage.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)

Robert J. Stahl

Signature

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

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

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Name (print)

Marion Scott

Signature

Date

3-10-2016

Notarization

State of New York, County of **QUEENS**

Sworn to or affirmed under penalty of perjury

10th day of **MARCH** 20 **16**

Notary Public Signature

Robert C. Mallano

Notary Seal

ROBERT C. MALLANO
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 43-4791861
 Qualified in Richmond County
 Commission Expires Sept. 30, 2017

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)		