



☐ ☒ General Construction (OT)

☐ Partial Demolition

☐ Non-Structural Demolition

☐ Structural Work

☒ Interior Renovation

☐ Exterior Renovation

☒ (Describe) **NEW WINDOWS**

4 Design Applicant Information

Last Name	INGRAM	First Name	LARRY	Middle Initial	
Business Name	DESIGNWORKS CONSULTA	Business Phone	7182196641	Business Fax	
Business Address	615 EAST 187TH STREET			Mobile Phone	
City	BRONX	State	NY	Zip	10458
E-Mail					
License Number	Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____				

5 Owner/Lease Holder Information

Last Name	LOPEZ	First Name	VIVIAN	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	198-14 27TH AVE			Mobile Phone	
City	QUEENS	State	NY	Zip	11358
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, 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)

LARRY INGRAM

Signature

Date

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)

VIVIAN LOPEZ

Signature

Date

Notarization

State of New York, County of: *Bronx*

Sworn to or affirmed under penalty of perjury

11 day of *March* 20 *22*

Notary Public Signature

Notary Seal



Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	
		Initials