

4 Design Applicant Information

Last Name **ROSE** First Name **ARMANDO** Middle Initial **E**
 Business Name **Armando Rose Architect PLLC** Business Phone **212-677-6829** Business Fax
 Business Address **27 1st AVENUE - SUITE 7** Mobile Phone **917-941-7330**
 City **NEW YORK** State **NY** Zip **10003** E-Mail **AROSE@ARA-PC.COM**
 License Number **031621** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **WISIAK** First Name **ROBERT** Middle Initial
 Business Name **565 SENECA LLC** Business Phone **(718) 607-5833** Business Fax
 Business Address **565 SENECA AVENUE** Mobile Phone
 City **QUEENS** State **NY** Zip **11385** E-Mail **bobwis729@yahoo.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)

ARMANDO E ROSE

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.*

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Name (print)

ROBERT WISIAK

Signature

Robert Wisiak

Date

10/22/18

Notarization

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

Sworn to or affirmed under penalty of perjury

22nd day of OCTOBER 20 18

Notary Public Signature

Debbie L. Berthold

Notary Seal

DEBBIE L. BERTHOLD
NOTARY PUBLIC, State of New York
No. 01BE5020291
Qualified in Queens County
Commission Expires November 15, 2021

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)		