

4 Design Applicant InformationLast Name **Scheschareg**First Name **John**Middle Initial **J**Business Name **Oculus Consulting Group** Business Phone **(212) 355-6264** Business Fax **(212) 355-6919**Business Address **14 East 38th Street, 11 Floor**

Mobile Phone

City **New York**State **NY**Zip **10016**E-Mail **john@oculuscorp.com**License Number **025941**

Choose One:

☐ P.E.☒ R.A.☐ Sign Hanger☐ Other (specify)**5 Owner/Lease Holder Information**Last Name **Hesselbach**First Name **Robert**

Middle Initial

Business Name **ASPCA**Business Phone **2127064702**

Business Fax

Business Address **520 8th Avenue**

Mobile Phone

City **New York**State **NY**Zip **10018**E-Mail **robert.hesselbach@aspc.org****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 in the context 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 J. Scheschareg, RA

Signature

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

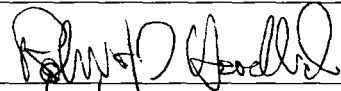
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

Robert Hesselbach

Signature



Date

10/31/15

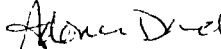
Notarization

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

Sworn to or affirmed under penalty of perjury

31 day of October 2019

Notary Public Signature



Notary Seal

ADONIA DAVID
Notary Public, State of New York
No. 02DA6307322
Qualified in Bronx County
Commission Expires 07/07/2022

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)		