



4 Design Applicant Information

Last Name	GOLDMAN	First Name	ROBERT	Middle Initial	
Business Name	THE CHESAPEAKE DESIGN	Business Phone	(410) 837-3622	Business Fax	(410) 837-3621
Business Address	419 NORTH CHARLES STREET			Mobile Phone	
City	BALTIMORE	State	MD	Zip	21201
E-Mail	ROBERT@CDGARCHITE				
License Number	020040	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	SHEEDY	First Name	BRIAN	Middle Initial	
Business Name	MCDONALDS REAL ESTATE	Business Phone	(630) 623-8437	Business Fax	
Business Address	110 N CARPENTER STREET			Mobile Phone	
City	CHICAGO	State	IL	Zip	60607
E-Mail	brian.sheedy@us.mcd.co				

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 GOLDMAN

Signature



Date 03-09-21

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)

BRIAN SHEEDY

Signature

Date

3-24-2021

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)		