

4 Design Applicant Information

Last Name	Petersen	First Name	Tom	Middle Initial	
Business Name	Tom Petersen Architect, LLC	Business Phone	732-730-1763	Business Fax	
Business Address	6 Country Ln	Mobile Phone			
City	Howell	State	NJ	Zip	07731
E-Mail	petersen8@optonline.net				
License Number	35290	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Kazmierowski	First Name	Tozen	Middle Initial	
Business Name	N/A	Business Phone		Business Fax	
Business Address	16321 15 Drive	Mobile Phone			
City	Queens	State	NY	Zip	11357
E-Mail	DOB@sunpowerbyventure.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)

Tom Petersen

Signature

Date

1/4/2019

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

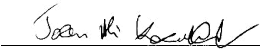
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

Tozen Kazmierowski

Signature



Date 1/4/2019

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

4 day of January 2019

Notary Public Signature

Notary Seal

ILLONA AGAPOVA
NOTARY PUBLIC, STATE OF NEW YORK
NO 01AG6277583
QUALIFIED IN NEW YORK COUNTY
COMMISSION EXPIRES 03/11/2021

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)		