



4 Design Applicant Information

Last Name	PETERSEN	First Name	TOM	Middle Initial	
Business Name	TOM PETERSEN ARCHITEC		Business Phone	732-730-1763	Business Fax
Business Address	6 COUNTRY LANE		Mobile Phone	732-995-1415	
City	HOWELL	State	NJ	Zip	07731
E-Mail	petersen8@optonline.net				
License Number	035290	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name	Desena	First Name	Denise	Middle Initial	
Business Name			Business Phone	Business Fax	
Business Address	109 East 8 Road		Mobile Phone		
City	Far Rockaway	State	NY	Zip	11693
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)

TOM PETERSEN

Signature

Date

11/04/19

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

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Denise Desena

Signature

Notarization

State of New York, County of:

Notary Seal

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Date

10/30/19

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)		