12/14

4	Design Applicant Information
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Last Name Mele	First Name Dennis	Middle Initial
Business Name Midtown Preservation	Business Phone 516-922-6220	Business Fax
Business Address 6901 Jericho Turnpike, Suite 252		Mobile Phone
City Syosset	State NY	Zip 11791
License Number 018329		E-Mail
Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5	Owner/Lease Holder Information
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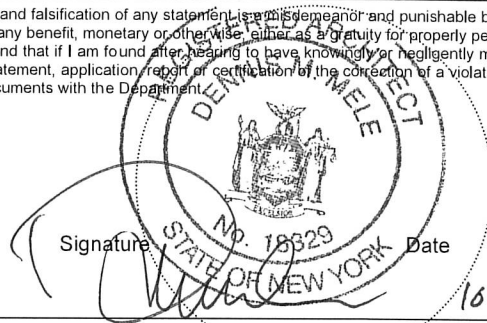
Last Name Levine	First Name Mark	Middle Initial
Business Name Burns Street Owners Corp.	Business Phone 212-335-2723	Business Fax
Business Address c/o EBMG LLC, 79 Madison Ave.		Mobile Phone
City New York	State NY	Zip 10016
		E-Mail eortiz@ebmg.com

6	Design Applicant's Statements and Signatures
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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)

Dennis Mele



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)

Mark Levine

Signature

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of 20

Notary Public Signature

Notary Seal

Date

10/16/2020

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)		