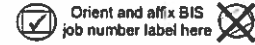




Scan Code

C.B. No.12/14

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	E-Mail

5 Owner/Lease Holder Information

Last Name	Hansen	First Name	Paul	Middle Initial	N
Business Name	S.I. University Hospital	Business Phone	718-226-8553	Business Fax	
Business Address	475 Seaview Avenue	Mobile Phone		E-Mail	phanen@northwell.edu
City	Staten Island	State	NY	Zip	10305

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)

Signature

Date

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)

Paul N. Hansen

Signature

Paul N. Hansen

Date

5/11/2021

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

11 day of May 2021

Notary Public Signature

Jeanette Bellomo

Notary Seal

JEANETTE BELLOMO

Notary Public - State of New York

No. 01BE6270309

Qualified in Richmond County

My Commission Expires October 15, 2024

Internal Use Only		
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed	
C of O:	☐ Accept Original ☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)	