

4 Design Applicant Information

Last Name	DeRuvo	First Name	Michael	Middle Initial	
Business Name	Michael DeRuvo and Assoc.	Business Phone	(718) 448-2740	Business Fax	(718) 448-6044
Business Address	2 Green Street	Mobile Phone			
City	Staten Island	State	NY	Zip	10310
E-Mail	deruvoarchitect@gmail.com				
License Number	17560	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Landau	First Name	Susan	Middle Initial	
Business Name	Residence	Business Phone	(718) 290-8700	Business Fax	
Business Address	77 Margo Loop	Mobile Phone			
City	Staten Island	State	NY	Zip	10301
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)

Michael DeRuvo, R.A.

Signature

Date

10-10-18

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)

Susan Landau, Owner

Signature

Date

Notarization

State of New York, County of

KINGS

Sworn to or affirmed under penalty of perjury

5th day of October 2018

Notary Public Signature

Notary Seal

RAYMOND RENELLE

No. 01RE6110615

Notary Public, State of New York

Qualified in Kings County

My Commission Expires June 1, 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)		