



4 Design Applicant Information

Last Name **MARTARELLA III** First Name **FRANK** Middle Initial _____
 Business Name **Think Design Architecture** Business Phone **(718) 987-3729** Business Fax _____
 Business Address **1000 SOUTH AVENUE, SUITE 104** Mobile Phone _____
 City **STATEN ISLAND** State **NY** Zip **10314** E-Mail **frank@thinkdesignarch.co**
 License Number **033343** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SALIMENI** First Name **JOE** Middle Initial _____
 Business Name **J'S ON THE BAY** Business Phone **347-552-0322** Business Fax _____
 Business Address **1189 BAY STREET** Mobile Phone _____
 City **STATEN ISLAND** State **NY** Zip **10305** E-Mail **CHEFJOE@JSONTHEBA**

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)

FRANK MARTARELLA III

Signature

Date

10-26-2020

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)

JOE SALIMENI

Signature

Date

9/29/20

Notarization

State of New York, County of: **Richmond**

Sworn to or affirmed under penalty of perjury

29th day of September 20 20

Notary Public Signature

Robert A. Valitutto

Notary Seal

ROBERT A. VALITUTTO
 Notary Public, State of New York
 No. 43-4650128
 Qualified in Richmond County
 Expires 11-30-2021

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)		