



NEW YORK CITY AGENCY FILINGS, APPROVALS & PERMITS

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Project Manager

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## APPLICANT OF RECORD

**Project:**

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<b>First Name</b>	
<b>Last Name</b>	
<b>Company Name</b>	
<b>Company Address</b>	
<b>Company Telephone</b>	
<b>Efiling/DOB Now</b>	
<b>Email Address</b>	
<b>License Type &amp; Number (PE or RA)</b>	

If there is more than one applicant of record, please complete one sheet for each applicant and specify what design discipline(s) each applicant is responsible for. Please return to our office.

If you have any further questions, please feel free to contact us.