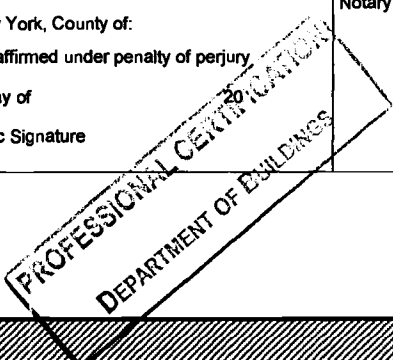


4 Design Applicant Information			
Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number <u>080123</u>			
Last Name <u>SYED-NAQVI</u>		First Name <u>ALTAF</u> Middle Initial _____	
Business Name <u>PENCILCOPY ENG. P.C</u>		Business Phone <u>718-435-1677</u> Business Fax <u>718-287-1682</u>	
Business Address <u>1893 EASTERN PARKWAY</u>		Mobile Phone <u>917-520-5577</u>	
City <u>BROOKLYN</u>	State <u>NY</u>	Zip <u>11233</u>	E-Mail <u>ALTAFSON@HOTMAIL.C</u>

5 Owner/Lease Holder Information			
Choose One: ☒ Owner ☐ Lease Holder			
Last Name <u>BHUIYAN</u>		First Name <u>EMDAD</u> Middle Initial <u>H</u>	
Business Name <u>N/A</u>		Business Phone <u>347-301-5185</u> Business Fax _____	
Business Address <u>4915 AVENUE M</u>		Mobile Phone _____	
City <u>BROOKLYN</u>	State <u>NY</u>	Zip <u>11234</u>	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) <u>ALTAF SYED-NAQVI</u>	Signature _____ Date <u>3.17.14</u>  P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures <i>Notary only required when submitting to obtain Sign-off.</i>		
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) <u>EMDAD H BHUIYAN</u> Signature <u>Emdad Bhuiyan</u> Date _____	Notarization State of New York, County of: _____ Sworn to or affirmed under penalty of perjury day of _____ Notary Public Signature _____	Notary Seal 

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