

4 Design Applicant Information

Last Name Shah First Name Umer Middle Initial A
 Business Name BCD Consultant Business Phone 718-441-4078 Business Fax 718-286-7750
 Business Address 118-66 Metropolitan Ave Mobile Phone 917-582-2001
 City Queens State NY Zip 11377 E-Mail Suash@gmail.com
 License Number 070587 Choose One. ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Gans First Name Robert Middle Initial _____
 Business Name Siradon LLC Business Phone 718-848-0500 Business Fax _____
 Business Address 617 11 Ave Mobile Phone 718-848-0500
 City Manhattan State NY Zip 11370 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)

Umer A Shah

Signature

Umer A Shah

P.E. / R.A. Seal (applicant must sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

Robert Gans

Signature

Robert Gans
Date 2/20/15

Notarization

State of New York, County of NY

Sworn to or affirmed under penalty of perjury

on the 15 day of Feb. 2015

Notary Public Signature

Alison J. Blaine

Notary Seal

ALISON J. BLAINE
 Notary Public, State of New York
 No. 02BL0063461
 Qualified in New York County
 Commission Expires August 27, 2017

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)		