

4 Design Applicant Information

Last Name	Ho	First Name	Hung Pui	Middle Initial	
Business Name	1+1 Design Studio LLC	Business Phone	917-563-5039	Business Fax	
Business Address	41-36 College Point Blvd	Mobile Phone			
City	Flushing	State	NY	Zip	11355
E-Mail	johnny.ho@jacobs.com				
License Number	062114	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Theoharidou	First Name	Fotini	Middle Initial	
Business Name	N/A	Business Phone	718-626-2588	Business Fax	
Business Address	44-10 Broadway	Mobile Phone			
City	Long Island City	State	NY	Zip	11103
E-Mail	ArielHolzer@lawyer.com				

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)

Hung Pui Ho

Signature



6/25/15

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)

Fotini Theoharidou

Signature

Date

4-15-15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

15th day of July 20 15

Notary Public Signature

Ariel S. Holzer

Notary Seal

ARIEL S. HOLZER
 Notary Public, State of New York
 No. 02HO6314550
 Qualified in Queens County
 Commission Expires November 10, 2018

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