

4 Design Applicant Information

Last Name	ALI	First Name	ASHRAF	Middle Initial	A
Business Name	ASHRAF ALI PE. PC		Business Phone	(917) 470-2472	Business Fax
Business Address	130 EAST 107TH STREET, 1ST FLR			Mobile Phone	
City	MANHATTAN	State	NY	Zip	10029
E-Mail	abid265@gmail.com				
License Number	084178	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	WAYNE	First Name	CHAN	Middle Initial	
Business Name	WFCC REALTY CORPORATI		Business Phone		Business Fax
Business Address	207 CANAL STREET			Mobile Phone	(212)226-1520
City	NEW YORK	State	NY	Zip	10013
E-Mail	GRACEC.TAYMOR@VE				

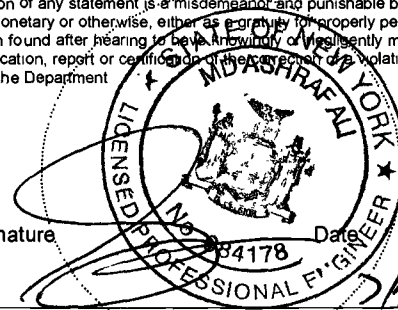
6 Design Applicant's Statements and Signatures

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)

ALI ASHRAF

Signature



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)

CHAN WAYNE

Signature

Date

2/12/15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

Notary Public Signature

Notary Seal

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)		