

4 Design Applicant Information

Last Name	ISSapour	First Name	Iraj	Middle Initial	
Business Name	E.A.B. Engineering, PC	Business Phone	718.643.9610	Business Fax	718.643.9608
Business Address	408 Jay Street, Ste. #304			Mobile Phone	
City	Brooklyn	State	NY	Zip	11201
E-Mail	info@eabengineeringpc.c				
License Number	070012	Choose One:	<input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Dugan	First Name	Brendan	Middle Initial	
Business Name	Karma	Business Phone	718.715.3064	Business Fax	
Business Address	188 East 2nd Street			Mobile Phone	
City	New York	State	NY	Zip	10009
E-Mail	brendan@karmakarma.or				

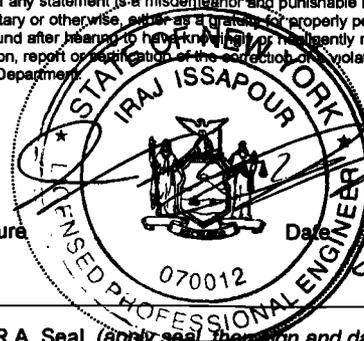
6 Design Applicant's Statements and Signatures

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)

Iraj Issapour

Signature



Date
9/20/17

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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)

Brendan Dugan

Signature

9/7/17

Date

Notarization

State of New York, County of: *New York*

Sworn to or affirmed under penalty of perjury

7th day of *September* 20 *17*

Notary Public Signature

Notary Seal

MEHNAZ NOREEN
 Notary Public, State of New York
 No. 01NO6310104
 Qualified in Kings County
 Commission Expires Aug. 18, 2018

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
C of O:	<input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed		
Plan Examination/C of O:	<input type="checkbox"/> Accept Revised Submission (Resolved)		