

4 Design Applicant Information

Last Name **ABDALLA** First Name **SAMIR** Middle Initial **A**
 Business Name **MCRB SERVICE CORPORA** Business Phone _____ Business Fax **917-309-6643**
 Business Address **86-23 112TH STREET APT#6A** Mobile Phone **917-309-6643**
 City **RICHMONDHILL** State **NY** Zip **11418** E-Mail _____
 License Number **071962** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **SINGH** First Name **LAKHWINDER** Middle Initial **P**
 Business Name **GAGAN G.C. INC** Business Phone _____ Business Fax _____
 Business Address **135-06 FOCH BLVD** Mobile Phone **718-785-9270**
 City **SOUTH OZONE** State **NY** Zip **11420** 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)

SAMIR ABDALLA

Signature


 P.E. / R.A. Seal (apply to the seal and date over seal)

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

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Name (print)

LAKHWINDER SINGH

Signature

Date

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)		