

4 Design Applicant Information

Last Name	KATZ	First Name	ANDREW	Middle Initial	
Business Name	ANDREW KATZ ENGINEER	Business Phone	718-252-8735	Business Fax	718-253-2712
Business Address	3452 BEDFORD AVE	Mobile Phone		E-Mail	aktz@aol.com
City	BKLYN	State	NY	Zip	11210
License Number	051094	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	RUBIN	First Name	SHELDON	Middle Initial	
Business Name	CONEY REALTY & MANAG	Business Phone	212-964-5500	Business Fax	
Business Address	1499 CONEY ISLAND AVE	Mobile Phone		E-Mail	Sheldon@ConeyRealty.c
City	BROOKLYN	State	NY	Zip	11230

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)

ANDREW KATZ

Signature

Date

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.*

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Name (print)

SHELDON RUBIN

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)		