

4 Design Applicant Information

Last Name **KUSI** First Name **JIM** Middle Initial _____
 Business Name **JIM KUSI P.E.** Business Phone **914 826-1691** Business Fax _____
 Business Address **84 AMHERST DRIVE** Mobile Phone _____
 City **NEW ROCHELLE** State **NY** Zip **10804** E-Mail **JIMKUSI@AOL.COM**
 License Number **073223** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **LAVI** First Name **KOUROSH** Middle Initial _____
 Business Name **592 EIGHT AVENUE LLC** Business Phone **516 987-4078** Business Fax _____
 Business Address **23 FLORENCE STREET** Mobile Phone _____
 City **GREAT NECK** State **NY** Zip **11023** E-Mail **Kouroshiavi12@aol.com**

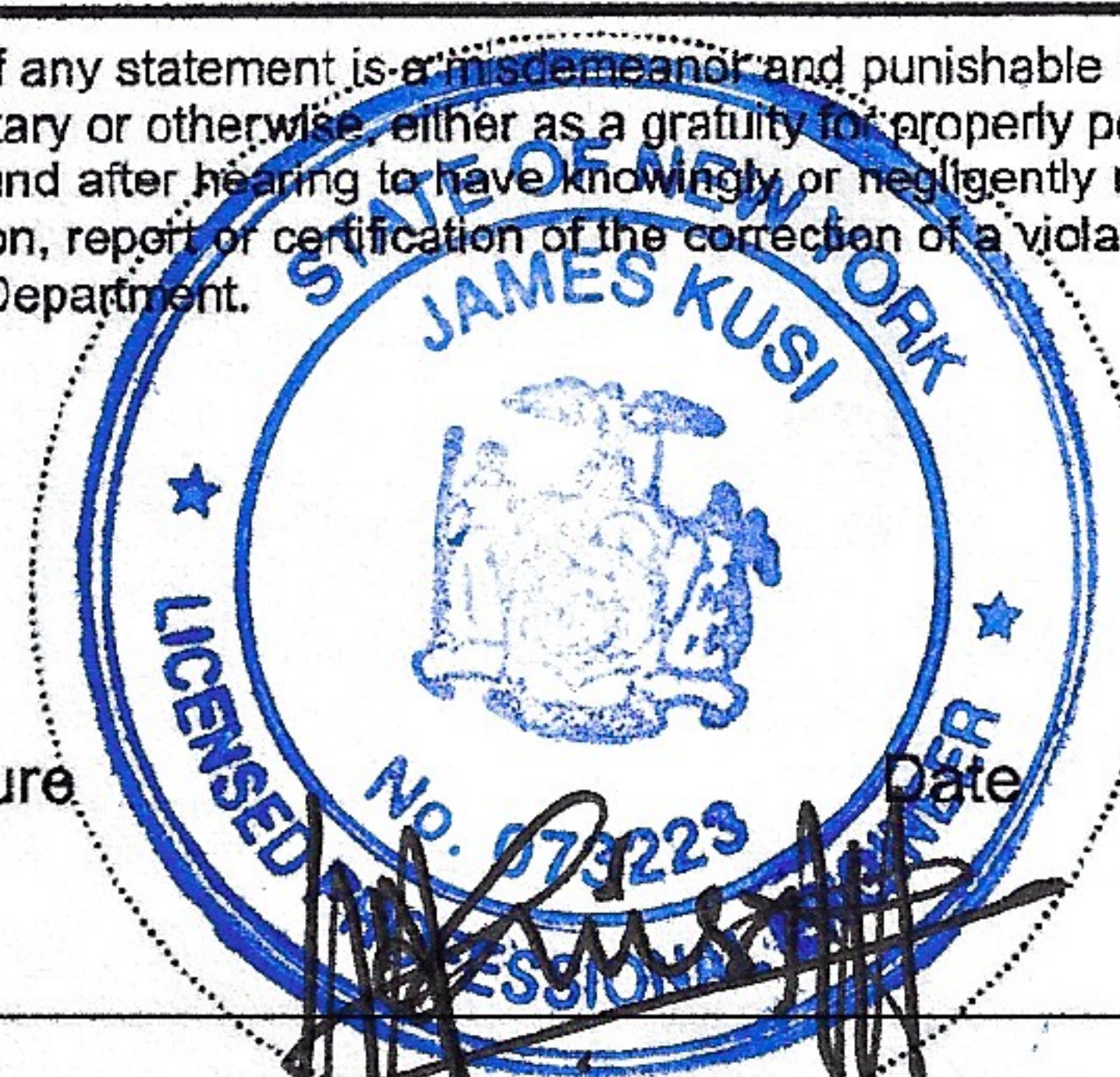
6 Design Applicant's Statements and Signatures

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)

JIM KUSI

Signature

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)
KOUROSH LAVI

Signature

Date

10.4.2021

Notarization

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

Sworn to or affirmed under penalty of perjury

4th day of **October** 20 **21**

Notary Public Signature

Notary Seal

YANE DOCKERY
 Notary Public - State of New York
 NO. 01D06244971
 Qualified in Dutchess County
 My Commission Expires **7/10/23**

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)		