

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____

Last Name SANTOS

First Name JOSE

Middle Initial A

Business Name FPS GROUP CORP

Business Phone 7183443166

Business Fax

Business Address 1011 LONGWOOD AVENUE

Mobile Phone 2019886810

City BRONX

State NY

Zip 10459

E-Mail josepeng@yahoo.com

5 Owner/Lease Holder InformationChoose One: ☐ Owner ☒ Lease Holder

Last Name SOCORRO

First Name MYRNA

Middle Initial

Business Name 1751 HOE FOOD CORP

Business Phone 7189312575

Business Fax

Business Address 1967 TURNBULL AVE

Mobile Phone

City BRONX

State NY

Zip 10473

E-Mail

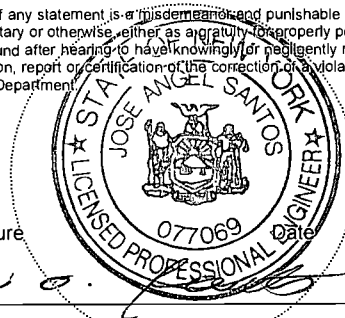
6 Design Applicant's Statements and Signatures

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)

JOSE A. SANTOS

Signature



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

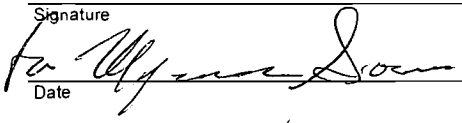
7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain Sign-off.*

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Name (print)

MYRNA SOCORRO

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
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		