

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 029017Last Name WESOLOWSKIFirst Name CHRISTOPHER

Middle Initial _____

Business Name CW CONSULTING SER. LLC. Business Phone (516)-850-4572Business Fax (718)-441-4865Business Address 70-10 67th STREET

Mobile Phone _____

City GLENDALEState NEW YORK Zip 11385E-Mail CHRISWES00@AOL.CO**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name PARKASKFirst Name VED

Middle Initial _____

Business Name N/ABusiness Phone (718)-658-0205

Business Fax _____

Business Address 835 WALTON AVENUE

Mobile Phone _____

City BRONXState NEW YORK Zip 10451

E-Mail _____

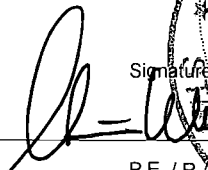
6 Design Applicant's Statements and Signatures

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)

CHRISTOPHER WESOLOWSKI

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.*

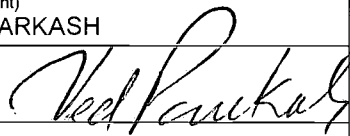
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Name (print)

VED PARKASH

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			
Staff	PW3 Cost Details Validation		Initials
Pre-Filer:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examiner/Project Advocate:	☐ Accept Original	☐ Revised Cost Needed	
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Pre-Filer/C of O:	☐ Accept Revised Submission (Resolved)		