

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 069849Last Name AFSHARIFirst Name SHAHRIAR

Middle Initial _____

Business Name AFSHARI PCBusiness Phone 516 621 208Business Fax 516 801 1574Business Address 45 MAIN STREET

Mobile Phone _____

City ROSLYNState NYZip 11576E-Mail afsharipc@gmail.com**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name FISCHERFirst Name JOSH

Middle Initial _____

Business Name _____

Business Phone 718-299-5335

Business Fax _____

Business Address 1835 CARTER AVENUE

Mobile Phone _____

City BRONXState NYZip 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)

SHAHRIAR AFSHARI

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.*

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)

JOSH FISCHER

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

20 day of sept 20 10

Notary Public Signature

Notary Seal

VICTORIANA L. PECK
Notary Public, State Of New York
No. 01PE6076248
Qualified In Queens County
Commission Expires June 24, 2014

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)		