

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **#71532**Last Name **IM**First Name **SOKWON**

Middle Initial _____

Business Name **DORIC DESIGN LLC**Business Phone **212-967-0122**Business Fax **212-967-0293**Business Address **16 WEST 32ND STREET, RM#902**

Mobile Phone _____

City **NEW YORK**State **NY**Zip **10001**E-Mail **doricdesign@yahoo.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **NAM**First Name **JOHN**Middle Initial **J**Business Name **BURNSIDE J & S INC**Business Phone **718-220-4366**

Business Fax _____

Business Address **67 E BURNSIDE AVENUE**

Mobile Phone _____

City **BRONX**State **NY**Zip **10453**

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)

~~SOKWON IM, P.E.~~

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)

JOHN J. NAM

Signature

Date

Notarization

State of New York, County of: _____

Sworn to or affirmed under penalty of perjury

_____ day of _____

20 **11**

Notary Public Signature

Notary Seal

Internal Use Only

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	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)		