

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number _____Last Name **SOMEFUN** First Name **ANTHONY** Middle Initial _____Business Name **ANTHONY SOMEFUN** Business Phone **212-690-1176** Business Fax **212-694-2350**Business Address **650 LENOX AVENUE** Mobile Phone _____City **NEW YORK** State **NY** Zip **10037** E-Mail **asomefun@gmail.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **AZEEZ** First Name **OLA** Middle Initial _____Business Name **ORRA US INC** Business Phone **718-882-5700** Business Fax _____Business Address **3908 WHITE PLAINS ROAD** Mobile Phone _____City **BRONX** State **NY** Zip **10466** 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, 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)

ANTHONY SOMEFUN

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)

OLA M. AZEEZ

Signature

Date

6-22-12

Notarization

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

Sworn to or affirmed under penalty of perjury

22 day of **June** 20 **12**

Notary Public Signature

Notary Seal

CLAUDE C. RAMSEY III
Notary Public State of New York**6/22/12**Lic. # **02RA6001934***Qualified Signatory*

Internal Use Only			
Work Area	PW3 Cost Details Validation		Comments (May include cost guidance.)
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)		