

4 Design Applicant InformationChoose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 029013Last Name InfanteFirst Name Teofilo

Middle Initial _____

Business Name Build-Tech ArchitectsBusiness Phone 7184094445Business Fax 7184099024Business Address 2167 Cross Bronx Express Way

Mobile Phone _____

City BronxState NYZip 10462E-Mail teo@build-tech.org**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name ToolseeFirst Name Suechand

Middle Initial _____

Business Name _____

Business Phone _____

Business Fax _____

Business Address _____

Mobile Phone _____

City _____

State _____

Zip _____

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.

TEOFILO INFANTE
Name (print)

Signature



2/24/15
Date

P.E. / R.A. Seal (apply seal when 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)

Suechand Toolsee

Signature

Suechand Toolsee
Date

Notarization

State of New York, County of: Bronx

Notary Seal

Sworn to or affirmed under penalty of perjury

15th day of Sept 2014

Notary Public Signature

Shailesh A. Patel

SHAILESH A. PATEL**Notary Public of New York****Bronx County #01PA6081382****My Commission Expires October 7, 2018****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)		