

4 Design Applicant Information

Last Name	KOONS	First Name	KENNETH	Middle Initial	A
Business Name	Kenneth Koons Architects	Business Phone	(718)597-6090	Business Fax	
Business Address	3024 EAST TREMONT AVENUE			Mobile Phone	
City	BRONX	State	NY	Zip	10461
License Number	20462	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)	20462	

5 Owner/Lease Holder Information

Last Name	KOURTELIS	First Name	JOHN	Middle Initial	
Business Name	NA	Business Phone	917-660-6298	Business Fax	
Business Address	1813 RADCLIFF AVE			Mobile Phone	
City	BX	State	NY	Zip	10462
E-Mail	jkourtelis@aol.com				

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)

KENNETH A. KOONS

Signature

P.E. R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

John Kourtellis

Signature

Date

4/13/15

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

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		