

12/14

4 Design Applicant Information

Last Name	BAILEY	First Name	PAUL	Middle Initial	
Business Name	BAILEY'S ENGINEERING P.	Business Phone		Business Fax	914-667-1177
Business Address	124 FOURTH AVENUE			Mobile Phone	914-260-7263
City	PELHAM	State	NY	Zip	10803
				E-Mail	
License Number	082770	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
				☐ Other (specify)	

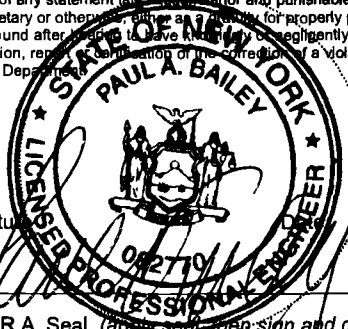
5 Owner/Lease Holder Information

Last Name	LINDSAY	First Name	MARK	Middle Initial	
Business Name	MARK LINDSAY	Business Phone		Business Fax	
Business Address	4120 WILDER AVE			Mobile Phone	
City	BRONX	State	NY	Zip	10466
				E-Mail	MARCLIN35@YAHOO.C

6 Design Applicant's Statements and Signatures

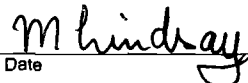
I hereby state the information on this form is correct and complete to the best of my knowledge. I understand falsification of any statement is a misdemeanor and is punishable by a fine, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, 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)
PAUL BAILEY

Signature

P.E. / R.A. Seal (apply notary seal and date over seal)

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

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Name (print)	MARK LINDSAY	Notarization	State of New York, County of:	Notary Seal
Signature		Sworn to or affirmed under penalty of perjury		
Date		day of	20	
		Notary Public Signature		

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)		