

4 Design Applicant Information

Last Name	JAMIL	First Name	ASIF	Middle Initial	
Business Name	ASIF JAMIL, RA	Business Phone	917-309-6643	Business Fax	
Business Address	18 JOHN STREET # 808	Mobile Phone			
City	MANHATTAN	State	NY	Zip	10038
E-Mail					
License Number	17617	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	BUTT	First Name	MOHAMMAD	Middle Initial	
Business Name	NEW FEDCO GENERAL CO	Business Phone	(347)249-2791	Business Fax	
Business Address	497 N BROADWAY	Mobile Phone			
City	YONKERS	State	NY	Zip	10701
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 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)

ASIF JAMIL, RA.

Signature

Date

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)
MOHAMMAD BUTT

Signature

Date

Notarization

State of New York, County of: *Beak*

Sworn to or affirmed under penalty of perjury

29th day of Nov 2016

Notary Public Signature

Notary Seal

MUHAMMAD SHARIF
Notary Public, State of New York
No.: 01SH6003837
Qualified in Bronx County
Commission Expires 03-09-2018

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)		