



Job Number

Scan Code



NBC0126

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address		Mobile Phone
City	State	Zip
License Number	Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail

5 Owner/Lease Holder Information

Last Name	McGuire	First Name	JOHN	Middle Initial
Business Name	SEAN-SAKIE HOLDINGS LTD.	Business Phone	212-268-9169	Business Fax
Business Address	542 WEST 29 ST.			Mobile Phone
City	NEW YORK	State	NY	Zip
			10001	E-Mail
				MACFISH@GMAIL.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)

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)

JOHN MCGUIRE

Signature

Date

2/23/21

Notarization

State of New York, County of: KINGS

Sworn to or affirmed under penalty of perjury

23rd day of FEBRUARY 2021

Notary Public Signature

Clarissa Udine Best

Notary Seal

CLARISSA UDINE BEST

Notary Public - State of New York

NO. 01BE6247623

Qualified in Kings County

My Commission Expires 09/26/2023

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)		