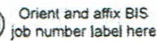
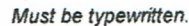




Job Number

Scan Code



1A Indicate existing document number
affected by filing:

- Yes No

- 12/14

4 Design Applicant Information

Last Name **Farahnik** First Name **Joseph** Middle Initial _____
 Business Name **Joseph Farahnik Cons Engr** Business Phone **516-498-2947** Business Fax _____
 Business Address **54 Devon Road** Mobile Phone _____
 City **Great Neck** State **NY** Zip **11023** E-Mail _____
 License Number **064632** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **Sari** First Name **Alexander** Middle Initial _____
 Business Name **6485-6495 Bdwy Apt Corp** Business Phone **646-453-5411** Business Fax _____
 Business Address **210 E. 23rd street 5th fl** Mobile Phone _____
 City **New York** State **NY** Zip **10010** 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)

Joseph Farahnik

Signature


 P.E. / R.A. Seal (apply seal, then sign and date over seal) 7/25/19

7 Owner's/Lease Holder's Statements and Signatures *Notary only required when submitting to obtain sign-off.*

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 or 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)

Alexander Sari

Signature

Date

7-24-19

Notarization

State of New York, County of: NY

Sworn to or affirmed under penalty of perjury

24 day of July 20 19

Notary Public Signature

Notary Seal

SARAH ELIZABETH GREENCAUM
 NOTARY PUBLIC, State of New York
 No. 01GR6302475
 Qualified in Kings County
 Commission Expires May 5, 2022

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)		