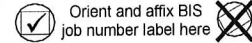




Scan Code



4 Design Applicant Information

Last Name **GHAZARIAN** First Name **VATCHE** Middle Initial _____
 Business Name **VATCHE GHAZARIAN PE** Business Phone **646-245-5247** Business Fax _____
 Business Address **50-36 46 STREET** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11377** E-Mail **NAREGSHANT@AOL.CO**
 License Number **072539** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **KIKANI** First Name **YOGIN** Middle Initial _____
 Business Name **2851 BAINBRIDGE LLC** Business Phone **551-263-4897** Business Fax _____
 Business Address **37-17 111 STREET** Mobile Phone _____
 City **CORONA** State **NY** Zip **11368** E-Mail **YOGINKIKANI@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)

VATCHE GHAZARIAN, PE

Signature

Date

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

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)

YOGIN KIKANI

Signature

Date

3/17/20

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)		