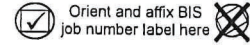




Scan Code



4 Design Applicant Information

Last Name **CHOI** First Name **HACKJONG** Middle Initial _____
 Business Name **CH Cornerstone Design** Business Phone **6462851105** Business Fax _____
 Business Address **20 Westwood road** Mobile Phone _____
 City **Yonkers** State **NY** Zip **10710** E-Mail **BEYONDARCH11@GMA**
 License Number **034704** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **GUNES** First Name **SEFIK** Middle Initial _____
 Business Name **214 E 163 LLC** Business Phone **7185438200** Business Fax _____
 Business Address **5676 RIVERDALE AVENUE SUITE 307** Mobile Phone _____
 City **RIVERDALE** State **NY** Zip **10471** E-Mail **sgunes@chestnutholding**

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)

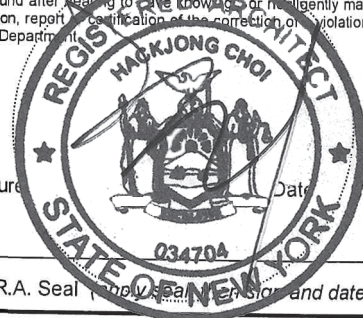
HACKJONG CHOI**7/13/2020**

Signature

Date

09/08/2020

P.E. / R.A. Seal (only Seal, Commission 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)

SEFIK GUNES

Signature

Date

Notarization

State of New York, County of: **BRONX**

Sworn to or affirmed under penalty of perjury

4th day of **August** 20 **20**

Notary Public Signature

Notary Seal

Deborah Kerins**Notary Public, State of New York****No. 01KE6172375****Qualified in Bronx County****Commission Expires August 6, 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)		