

4 Design Applicant Information

Last Name **SHEKONI** First Name **AKEEB** Middle Initial **B**
 Business Name **ASKON ARCHITECTS, P.C.** Business Phone **7187121600** Business Fax **718 71 25402**
 Business Address **156-09 ROCKAWAY BLVD., 2ND FLOOR** Mobile Phone **91 7337 5080**
 City **JAMAICA** State **NY** Zip **11434** E-Mail _____
 License Number _____ Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) **028575**

5 Owner/Lease Holder Information

Last Name **GRIFFITH** First Name **MICHAEL** Middle Initial _____
 Business Name **N/A.** Business Phone _____ Business Fax _____
 Business Address **701 EAST 96 STREET** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11236** 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 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)

AKEEB SHEKONI, 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)

GRIFFITH MICHAEL

Signature

Michael Griffith

Date

Notarization

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

Sworn to or affirmed under penalty of perjury

12th day of **JANUARY** 20 **09**

Notary Public Signature

[Signature]

Notary Seal

AKEEB SHEKONI
 Notary Public, State of New York
 No. 01SH6057516
 Qualified in Queens County
 Commission Expires 04/16/2010