



**4 Design Applicant Information**Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_ License Number \_\_\_\_\_

Last Name

First Name

Middle Initial

Business Name

Business Phone

Business Fax

Business Address

Mobile Phone

City

State

Zip

E-Mail

**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease Holder

Last Name HOROWITZ

First Name HOWARD

Middle Initial

Business Name HDJM REALTY CO., INC.

Business Phone 718-451-0061

Business Fax

Business Address 1279 UTICQA AVENUE

Mobile Phone

City BROOKLYN

State NY

Zip 11203

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)

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)

HOWARD HOROWITZ

Signature

Date

11/23/11

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

23<sup>rd</sup> day of November 2011

Notary Public Signature

Notary Seal

DOUGLAS ALLEN  
Notary Public, State of New York  
No. 24-01AL4982171  
Qualified in Kings County  
Commission Expires May 28, 2013

**Internal Use Only**

| Work Area                           | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|-------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Pre-Filing:                         | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination:                   | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                             | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Pre-Filing/Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |