

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____License Number **080123**Last Name **SYED-NAQVI**First Name **ALTAF**

Middle Initial _____

Business Name **ALPHA ENGINEERING & INS** Business Phone **(718)-435-1677**Business Fax **(718)-287-1682**Business Address **2246 CLARENDON ROAD**Mobile Phone **(917)-520-5577**City **BROOKLYN**State **NEW YORK** Zip **11226**E-Mail **ALTAFSON@HOTMAIL.C****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **JAYESH**First Name **GAJJAR**

Middle Initial _____

Business Name **HORIZON CONST. INC.** Business Phone **(718)-302-6080**Business Fax **(718)-302-6079**Business Address **932 ATLANTIC AVENUE, 1st FLOOR**

Mobile Phone _____

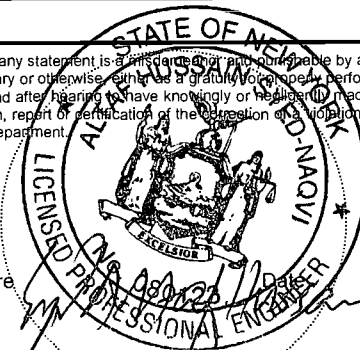
City **BROOKLYN**State **NEW YORK** Zip **11238**E-Mail **JGAJJAR@HORIZONCO****6 Design Applicant's Statements and Signatures**

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)

ALTAF SYED-NAQVI

Signature



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.*

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Name (print)

GAJJAR JAYESH

Signature

Date **6-1-10**

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

Staff	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filter: S. RANA	☒ Accept Original ☐ Revised Cost Needed	SRC 6-11-10	
Plan Examiner/Project Advocate:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filter/C of O:	☐ Accept Revised Submission (Resolved)		