

4 Design Applicant InformationChoose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 22516Last Name ProFirst Name BognaMiddle Initial WBusiness Name Sky ArchitectsBusiness Phone 856 829 0698

Business Fax _____

Business Address 403 Bank AveMobile Phone 267 934 3902City RivertonState NJZip 08077E-Mail bogna@skyarchitects.com**5 Owner/Lease Holder Information**Choose One: ☐ Owner ☒ Lease HolderLast Name VelaorasFirst Name Demetrios

Middle Initial _____

Business Name LCJ Restaurant CorpBusiness Phone 718 857 1462

Business Fax _____

Business Address 328 DeKalb Ave

Mobile Phone _____

City BrooklynState NYZip 11205

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)

Bogna W. Pro, 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** *Notary only required when submitting to obtain Sign-off.*

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Name (print)

Demetrios Velaoras

Signature

Demetrios Velaoras

Date

2.25.11

Notarization

State of New York, County of: KINGS

Sworn to or affirmed under penalty of perjury

25 day of Feb, 20 11

Notary Public Signature

Notary Seal

ADAM SILVERMAN ESQ.
NOTARY PUBLIC - STATE OF NEW YORK
QUALIFIED IN NEW YORK COUNTY
02515056296
COMMISSION EXPIRES 3/14/2014

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		