

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 087122Last Name DealFirst Name JosephMiddle Initial ABusiness Name Bohler Engineering NY PLLC Business Phone 631 738 1200 Business Fax 631 285 6464Business Address 2002 Orville Drive North

Mobile Phone _____

City RonkonkomaState NYZip 11779

E-Mail _____

5 Owner/Lease Holder InformationChoose One: ☐ Owner ☒ Lease HolderLast Name DillerFirst Name June

Middle Initial _____

Business Name 7-11Business Phone 609-860-5014

Business Fax _____

Business Address 1074 Cranbury S Rover Rd Suite 4

Mobile Phone _____

City JamesburgState NYZip 08881

E-Mail _____

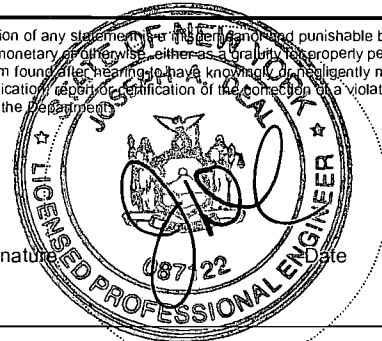
6 Design Applicant's Statements and Signatures

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 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)

Joseph A. Deal

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)

June Diller

Signature

Date

2/7/11

Notarization

State of New York, County of: Suffolk

Sworn to or affirmed under penalty of perjury

7th day of February 2011

Notary Public Signature

Valerie M. Castillo

Notary Seal

VALERIE M. CASTILLO
Notary Public - State of New York
No. 01CA6100425
Qualified in Suffolk County
My Commission Expires October 20, 2015

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)		