

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number 065570Last Name SHAMESFirst Name VALERY

Middle Initial _____

Business Name V. SHAMES PEBusiness Phone 9177014889Business Fax 8663168225Business Address 2299 EAST 13 STREET, 3DMobile Phone 9177014889City BROOKLYNState NYZip 11229E-Mail VSPECTS@yahoo.com**5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name ShortFirst Name Scott

Middle Initial _____

Business Name Knickerbocker Square AssociBusiness Phone (718)366-3800

Business Fax _____

Business Address 217 Wycoff Avenue

Mobile Phone _____

City BrooklynState NYZip 11237

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)

VALERY SHAMES

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)

Notarization
State of New York, County of:

Notary Seal

Signature

Sworn to or affirmed under penalty of perjury

Date

Notary Public Signature

ONEIDA LOPEZ
Commissioner of Deeds
City of New York - No. 2-12591
Certificate Filed in New York County
Commission Expires May 1, 2019

Internal Use Only			
Work Area	PW3 Cost Details Validation	Comments (May include cost guidance)	Initials
Pre-Filing: <u>S. RANA</u>	☒ 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)		