

4 Design Applicant Information

Last Name AINECHI First Name SAEED Middle Initial _____
 Business Name A&A Consul. Engineers PC Business Phone 718-544-7878 Business Fax 718-544-7884
 Business Address 125-10 QUEENS BLVD Mobile Phone _____
 City KEW GARDENS State NY Zip 11415 E-Mail Ana1987eng@yahoo.com
 License Number 071739 Choose One ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name Vargas First Name Erasmus Middle Initial _____
 Business Name _____ Business Phone _____ Business Fax _____
 Business Address 1461 Jefferson Avenue Mobile Phone 347 203 7642
 City Brooklyn State NY Zip 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 punishable offense and is punishable with a fine or imprisonment. I also understand the unlawful practice of a city employee or for a city employee to accept any benefit, monetary or otherwise, either as a penalty for properly performing the job or in exchange for special consideration. I further understand any misstatement or false statement or perjury that I am in, no other hearing or trial, I hereby make a solemn statement that I have knowingly and willingly falsified or allowed to be falsified any certificate form, signed statement, application, report or certification of the collector of a violation issued under the provisions of the code of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

SAEED AINECHI

Signature

Date

P.E., R.A., Seal (if applicable), Signature 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 punishable offense and is punishable with a fine or imprisonment. I also understand the unlawful practice of a city employee or for a city employee to accept any benefit, monetary or otherwise, either as a penalty for properly performing the job or in exchange for special consideration. I further understand any misstatement or false statement or perjury that I am in, no other hearing or trial, I hereby make a solemn statement that I have knowingly and willingly falsified or allowed to be falsified any certificate form, signed statement, application, report or certification of the collector of a violation issued under the provisions of the code of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (print)

Erasmus Vargas

Signature

Date

Notarization

State of New York, County of KINGS

Sworn to or affirmed under penalty of perjury

11 day of Jun 2018

Notary Public Signature

Notary Seal

STATE OF NEW YORK COUNTY OF KINGS

SWORN TO BEFORE ME,

This 11 Day of Jun 2018

JULIO SEGURA, COMMISSIONER OF DEEDS

STATE OF NY# 2 13505 QUAL IN KINGS COUNTY

COMMISSION EXPIRES ON 7/1/18

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