

4 Design Applicant Information

Last Name PORTER First Name BRENT Middle Initial M
 Business Name Brent M. Porter, Arch. & Asso. Business Phone 7187895426 Business Fax _____
 Business Address 166 ST JAMES PLACE Mobile Phone _____
 City BROOKLYN State NY Zip _____ E-Mail Brentporterarchitect@aol.
 License Number 015478 Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name AVDOO First Name SHLOMI Middle Initial _____
 Business Name HAR NEVO LLC Business Phone 7185646108 Business Fax _____
 Business Address 105 CENTRAL AVENUE Mobile Phone _____
 City NEW YORK State NY Zip 11206 E-Mail Shlomi@leveloneholdings.

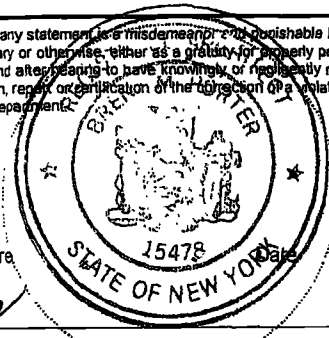
6 Design Applicant's Statements and Signatures

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)

BRENT M PORTER

Signature

Brent M. Porter

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

JAQUELINE ALLEN

Signature

JAQUELINE ALLEN 7/10/15
 Date

Notarization

State of New York, County of New York

Sworn to or affirmed under penalty of perjury

10 day of July 2015

Notary Public Signature

David Jason Newman

Notary Seal

DAVID JASON NEWMAN
 NOTARY PUBLIC - STATE OF NEW YORK
 NO. 01NE6274855
 QUALIFIED IN RICHMOND COUNTY
 MY COMM. EXPIRES JAN. 14, 2017

Internal Use Only

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