

4 Design Applicant Information

Last Name	Zeid	First Name	Tarek	Middle Initial	M
Business Name	Tarek M. Zeid, P.E., PLLC		Business Phone	718-631-3257	Business Fax
Business Address	38-39 Bell Boulevard, Suite 350		Mobile Phone		
City	Bayside	State	NY	Zip	11361
E-Mail	tmzeid@aol.com				
License Number	066283	Choose One	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Cockerill	First Name	Chris	Middle Initial	
Business Name	Lamar Outdoor Advertising		Business Phone	212-644-4147	Business Fax
Business Address	437 5th Avenue, 10th Floor		Mobile Phone		
City	New York	State	NY	Zip	10016
E-Mail	abeyda@lamar.com				

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)

Tarek M. Zeid, P.E.

Signature

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)

Chris Cockerill

Signature

Date

7/21/15

Notarization

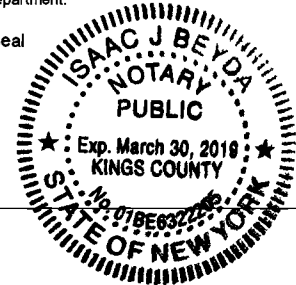
State of New York, County of.

Sworn to or affirmed under penalty of perjury

21st day of July 20 15

Notary Public Signature

Notary Seal



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)		