

4 Design Applicant Information

Last Name	Smith	First Name	Frank	Middle Initial	S
Business Name	H2M architects + engineers	Business Phone	631756-8000	Business Fax	
Business Address	538 Broadhollow Rd			Mobile Phone	
City	Melville	State	ny	Zip	11747
E-Mail					
License Number	24270	Choose One:	☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify)		

5 Owner/Lease Holder Information

Last Name	Georgiadis	First Name	Kostas	Middle Initial	
Business Name	na	Business Phone	7183319419	Business Fax	
Business Address	50 bay 7 street			Mobile Phone	
City	brooklyn	State	ny	Zip	11228
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)

Frank S. Smith, AIA

Signature

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.*

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Name (print)

Kostas Georgiadis

Signature

Date

11/18/2015

Notarization

State of New York, County of: Kings

Sworn to or affirmed under penalty of perjury

18 day of NOV. 20 15

Notary Public Signature

Koula Mamounas

Notary Seal

 KOULA MAMOUNAS
 Notary Public, State of New York
 No. 01MA6030424

 Qualified in Kings County
 Commission Expires September 13, 2017

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