

4 Design Applicant Information

Last Name	KACZOR	First Name	MAREK	Middle Initial	
Business Name	MAREK M KACZOR PE	Business Phone	646-244-8811	Business Fax	
Business Address	1052 RAMAPO VALLEY			Mobile Phone	
City	MAHWAH	State	NJ	Zip	07430
License Number		Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger ☐ Other (specify)

5 Owner/Lease Holder Information

Last Name	KACZOR	First Name	MAREK	Middle Initial	
Business Name	MAREK M KACZOR	Business Phone	646-244-8811	Business Fax	
Business Address	1052 RAMAPO VALLEY			Mobile Phone	
City	MAHWAH	State	NJ	Zip	07430
E-Mail					

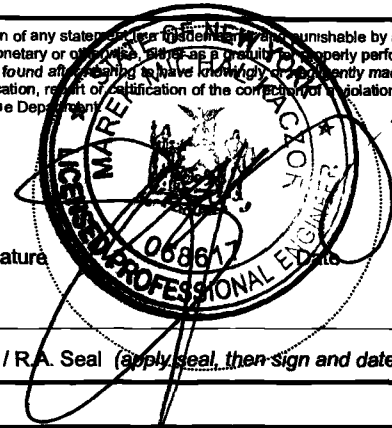
6 Design Applicant's Statements and Signatures

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 is 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)

MAREK KACZOR

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)

MAREK KACZOR

Signature

Date

11-5-15

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

5 day of Nov. 2015

Notary Public Signature

Notary Seal

LEONARD W. PERL
Notary Public, State of New York
No. 01PE8337478
Qualified in Queens County
Commission Expires Nov. 30, 2016

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)		