

4 Design Applicant Information

Last Name **MATSUMOTO** First Name **RYUSEI** Middle Initial _____
 Business Name **HIDAMARI ENGINEERING** Business Phone **9179156101** Business Fax _____
 Business Address **33-70 PRINCE STREET** Mobile Phone _____
 City **FLUSHING** State **NY** Zip **11354** E-Mail **RYUSEI@HIDAMARIES.**
 License Number **089538** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **LICHTMAN** First Name **YOSSEL** Middle Initial _____
 Business Name **709 STERLING PLACE REAL** Business Phone _____ Business Fax _____
 Business Address **311 ROGERS AVENUE** Mobile Phone **718-650-6533**
 City **BROOKLYN** State **NY** Zip **11225** E-Mail **Jslichtman@gmail.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)

Signature

Date

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.

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 or 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)

YOSSEL LICHTMAN

Signature

Date

12-14-18

Notarization

State of New York, County of _____

Sworn to or affirmed under penalty of perjury

1-1 day of **December** 20 **18**

Notary Public Signature

Notary Seal

BERNARD LICHTMAN
No. 01-L16151546
Qualified in Kings County
Commission Expires August 21, 2020**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)		