



4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address	Mobile Phone	
City	State	Zip
E-Mail	License Number	
Choose One: ☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	SIMKOWITZ	First Name	SOLOMON	Middle Initial
Business Name	OWNER	Business Phone	718-809-3307	Business Fax
Business Address	100 A BROADWAY SUITE 913		Mobile Phone	7188096283
City	BROOKLYN	State	NY	Zip
E-Mail	brooklynny2@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.*

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Name (print)
SOLOMON SIMKOWITZ

Signature

Date

Notarization
State of New York, County of

Sworn to or affirmed under penalty of perjury

27 day of Jan 2022

Notary Public Signature

Notary Seal

MOSHE SCHREIBER
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01SC6383551
 Qualified in Kings County
 Commission Expires Nov. 19, 2022

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)		