

4 Design Applicant Information

Last Name	Kefalas	First Name	Filolaos	Middle Initial	T
Business Name	Sideris Kefalas Engineers PC	Business Phone	718-224-9091	Business Fax	718-224-9143
Business Address	217-22 Northern Boulevard			Mobile Phone	
City	Bayside	State	NY	Zip	11361
E-Mail	filolaos@skenyc.com				
License Number	066710	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	Sasson	First Name	Oscar	Middle Initial	
Business Name	203 Halsey Street LLC	Business Phone	917-620-6735	Business Fax	
Business Address	1198 Jefferson Avenue			Mobile Phone	
City	Brooklyn	State	NY	Zip	11221
E-Mail	oscar.sasson@gmail.com				

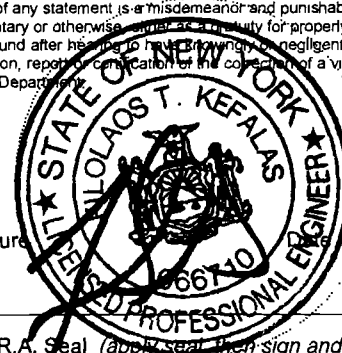
6 Design Applicant's Statements and Signatures

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, 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)

Filolaos T. Kefalas, 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 *Notary only required when submitting to obtain sign-off.*

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Name (print)

Oscar Sasson

Signature

Date

Notarization

State of New York, County of:

Sworn to or affirmed under penalty of perjury

day of

20

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)		