

**4 Design Applicant Information**

Last Name **TROFIMCHUK** First Name **YEVGENIY** Middle Initial \_\_\_\_\_  
 Business Name **PRO-ENGINEERING** Business Phone **6466752410** Business Fax \_\_\_\_\_  
 Business Address **2571 HUBBARD STREET** Mobile Phone \_\_\_\_\_  
 City **BROOKLYN** State **NY** Zip **11235** E-Mail **INFO@PROENGINEERIN**  
 License Number **099830** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) \_\_\_\_\_

**5 Owner/Lease Holder Information**

Last Name **MELAMED** First Name **DANIEL** Middle Initial \_\_\_\_\_  
 Business Name **697 DEKALB AVE LLC** Business Phone **7187381010** Business Fax \_\_\_\_\_  
 Business Address **88-08 LIBERTY AVE** Mobile Phone \_\_\_\_\_  
 City **OZONE PARK** State **NY** Zip **11417** E-Mail **DOB6797@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)

**DANIEL MELAMED**

Signature

Date

**1-18-2021**

Notarization

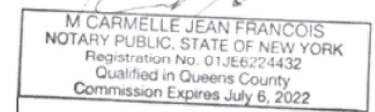
State of New York, County of: **Queens**

Sworn to or affirmed under penalty of perjury

**18th** day of **Jan** 20 **21**

Notary Public Signature

Notary Seal

**Internal Use Only**

| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |