



**4 Design Applicant Information**

Last Name **FATBYSHENKO** First Name **GENNADIY** Middle Initial  
 Business Name **CHOSEN MEP** Business Phone **3477665010** Business Fax  
 Business Address **31-00 47 AVE** Mobile Phone  
 City **LONG ISLAND** State **NY** Zip **11101** E-Mail  
 License Number **091045** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)

**5 Owner/Lease Holder Information**

Last Name **KLEIN** First Name **J** Middle Initial  
 Business Name **RODA 28 LLC** Business Phone **7183871025** Business Fax  
 Business Address **183 WILSON STREET** Mobile Phone  
 City **BROOKLYN** State **NY** Zip **11211** E-Mail **KLEINSTAM@GMAIL.CO**

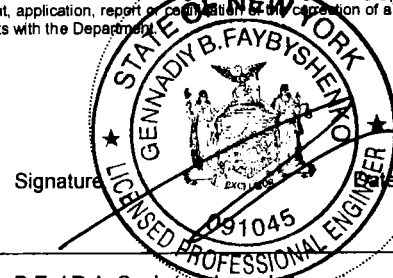
**6 Design Applicant's Statements and Signatures**

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)

**GENNADIY FATBYSHENKO**

Signature



P.E. / R.A. Seal (apply seal, then sign and date over seal)

5/12/15

**7 Owner's/Lease Holder's Statements and Signatures** *Notary only required when submitting to obtain sign-off.*

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Name (print)

**J KLEIN**

Signature

Date

Notarization

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

Sworn to or affirmed under penalty of perjury

**8** day of **may** 20**19**

Notary Public Signature

Notary Seal

**TIFFANY V RODRIGUEZ**

Notary Public, State of New York

No. 01RO6226305

Qualified in Bronx County

My Comm. Expires August 09, 2022

**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)                         |                                       |          |