

4 Design Applicant Information

Last Name **ZINKEVITCH** First Name **GRIGORI** Middle Initial _____
 Business Name **GRIGORI ZINKEVITCH ARC** Business Phone **917-689-5389** Business Fax _____
 Business Address **98-05 67 AVENUE** Mobile Phone _____
 City **QUEENS** State **NY** Zip **11374** E-Mail **GREGZINK@MSN.COM**
 License Number **035330** Choose One: ☐ P.E. ☒ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **DANIEL** First Name **JOUDITH** Middle Initial _____
 Business Name **NA** Business Phone **347 204 5582** Business Fax _____
 Business Address **3915 BEDFORD AVENUE** Mobile Phone _____
 City **BROOKLYN** State **NY** Zip **11229** E-Mail **JUD1627@GMAIL.COM**

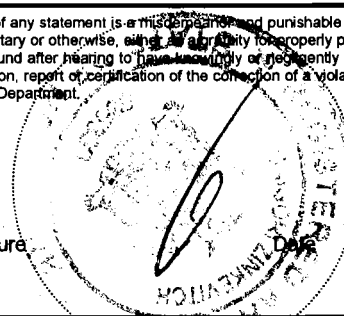
6 Design Applicant's Statements and Signatures

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)

GRIGORI ZINKEVITCH

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)

JOUDITH DANIEL

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)		