

4 Design Applicant Information

Last Name **Chilakala** First Name **Sudarsana** Middle Initial **R**
 Business Name **Hirani Engineering & LS PC** Business Phone **516-248-1010** Business Fax **516-248-9018**
 Business Address **120 West John Street** Mobile Phone _____
 City **Hicksville** State **NY** Zip **11801** E-Mail **schilakala@hiranigroup.com**
 License Number **100846** Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____

5 Owner/Lease Holder Information

Last Name **HPD Representative** First Name **HPD REP** Middle Initial _____
 Business Name **Housing Preservation & Development** Business Phone **212-863-7881** Business Fax **212-863-8886**
 Business Address **100 Gold Street** Mobile Phone _____
 City **New York** State **NY** Zip **10038** E-Mail **Demolition@hpd.nyc.gov**

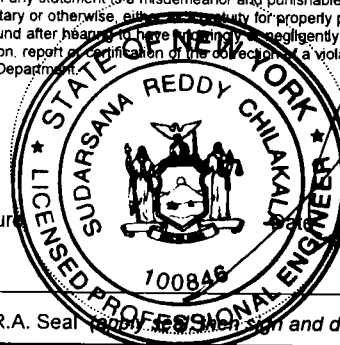
6 Design Applicant's Statements and Signatures

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)

Sudarsana Reddy Chilakala PE

Signature



P.E. / R.A. Seal (Apply Stamp 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)

HPD Representative, [Signature]

Signature

Date

9-5-2019

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.)
Plan Examination:	☐ Accept Original	☐ Revised Cost Needed	
C of O:	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		
			Initials