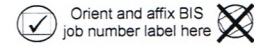




Job Number

Scan Code



1/10

4 Design Applicant InformationChoose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____ License Number **089587**Last Name **PHAGOO**First Name **JOEL**

Middle Initial _____

Business Name **JOEL PHAGOO P.E. PLLC.**Business Phone **347-420-0910**

Business Fax _____

Business Address **122 MILLER AVENUE**

Mobile Phone _____

City **BROOKLYN**State **NY**Zip **11207**E-Mail **atlasbuildings@gmail.com****5 Owner/Lease Holder Information**Choose One: ☒ Owner ☐ Lease HolderLast Name **SYED**First Name **FARHAN**Middle Initial **M**Business Name **NYCHA**Business Phone **212-306-2982**Business Fax **212-306-5135**Business Address **90 CHURCH STREET 10TH FLOOR**Mobile Phone **646-784-4748**City **NEW YORK**State **NY**Zip **10007**E-Mail **farhan.syed@nycha.nyc.g****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)

JOEL PHAGOO, P.E.

Signature

Date

10-25-13

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)

FARHAN M. SYED, P.E.

Signature



Date

6/10/13

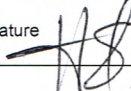
Notarization

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

Sworn to or affirmed under penalty of perjury

25th day of OCTOBER 2013

Notary Public Signature



Notary Seal

HERALAL SAMLAL
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01SA6195485
 Qualified in Kings County
 Commission Expires November 24, 2016

Internal Use Only

Work Area	PW3 Cost Details Validation	Comments (May include cost guidance.)	Initials
Pre-Filing:	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination:	☐ Accept Original ☐ Revised Cost Needed		
C of O:	☐ Accept Original ☐ Revised Cost Needed		
Pre-Filing/Plan Examination/C of O:	☐ Accept Revised Submission (Resolved)		