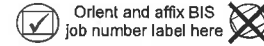




Job Number

Scan Code

12/14

4 Design Applicant Information

Last Name: Fernandes First Name: Victor Middle Initial: _____
 Business Name: Blue Line Design Business Phone: 914-537-5504 Business Fax: _____
 Business Address: 7 Koch Street Mobile Phone: _____
 City: New Rochelle State: NY Zip: _____ E-Mail: _____
 District Number: 026879 Choose One: ☐ P.E. ☒ P.A. ☐ Sign Hanger ☐ Other (specify): _____

5 Owner/Lease Holder Information

Last Name: Waldman First Name: Lazar Middle Initial: _____
 Business Name: 1434 Dekalb LLC Business Phone: 718-395-2886 Business Fax: _____
 Business Address: 894 Myrtle Avenue Mobile Phone: _____
 City: Brooklyn State: NY Zip: 11205 E-Mail: _____

6 Design Applicant's Statements and Signatures

I hereby certify that the information on this form is correct and complete to the best of my knowledge. I understand that any statement or signature made 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, other than a regular salary for services performed for the city in exchange for special consideration. Unlawful is punishable by imprisonment or fine or both. I understand that if I am found after having to have knowledge or reasonably believe a false statement or to have knowledge or reasonably believe or intend to be included any certificate, false statement, signature, stamp or certification of the completion of a resolution passed under the provisions of the code of a rule of any agency, I may be barred from being further appointed or designated with the Department.

Name (print)

Victor Fernandes



P.E. / P.A. Seal (Stamp over your sign and date over seal)

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

I hereby certify that the information on this form is correct and complete to the best of my knowledge. I understand that any statement or signature made 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, other than a regular salary for services performed for the city in exchange for special consideration. Unlawful is punishable by imprisonment or fine or both. I understand that if I am found after having to have knowledge or reasonably believe a false statement or to have knowledge or reasonably believe or intend to be included any certificate, false statement, signature, stamp or certification of the completion of a resolution passed under the provisions of the code of a rule of any agency, I may be barred from being further appointed or designated with the Department.

Name (print)

Lazar Waldman

Signature

Lazar Waldman
 Date: 7-30-15

Notarization

State of New York, County of:

Signed to be attested under penalty of perjury

day of JULY 2015
 Notary Public Signature: *[Signature]*

SHIA KOHN
 NOTARY PUBLIC STATE OF NEW YORK
 NO 01KO6170293
 QUALIFIED IN KINGS COUNTY
 COMMISSION EXPIERS JULY 7 2019

Internal Use Only			
Work Area	PW3 Cost Details Validation		Comments (May include cost guidance)
Plan Examination	☐ Accept Original	☐ Revised Cost Needed	
C of C	☐ Accept Original	☐ Revised Cost Needed	
Plan Examination / C of C	☐ Accept Revised Submission (Resolved)		