

4 Design Applicant Information

Last Name	First Name	Middle Initial
Business Name	Business Phone	Business Fax
Business Address		Mobile Phone
City	State	Zip
License Number	Choose One: ☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify)	E-Mail

5 Owner/Lease Holder Information

Last Name Swiderski	First Name Joseph	Middle Initial
Business Name	Business Phone 817-670-9500	Business Fax
Business Address 50 Colgate Ct		Mobile Phone
City Brooklyn	State NY	Zip 11229
		E-Mail joeski1968@yahoo.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 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 bribe, gratuity or otherwise, either as a penalty 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 having to have knowingly or negligently made a false statement or to have knowingly or negligently failed or allowed to be falsified any certificate, form, signed statement, application, report or certification or the completion of a violation requires 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)

Signature

Date

P.E. / R.A. Seal (copy and paste sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures. Notice 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, imprisonment, or both. I also understand it is unlawful to give to a city employee, or for a city employee to accept, any bribe, gratuity or otherwise, either as a penalty 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 having to have knowingly or negligently made a false statement or to have knowingly or negligently failed or allowed to be falsified any certificate, form, signed statement, application, report or certification or the completion of a violation requires 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)

Joseph Swiderski

Signature

Date 1-6-17

Notarization

State of New York, County of

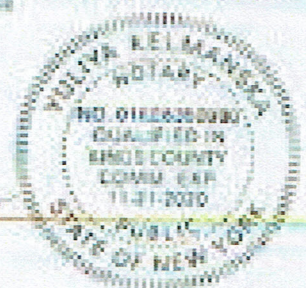
Signed to or affirmed under penalty of perjury

06 and January 17

Notary Public Signature

Julia Kelmanska

Notary Seal



Internal Use Only

Work Area	PWS Cost Details Violation	Comments (May include cost guidance)	Initials
Plan Examination	☐ Accept Original ☐ Revised Cost Needed		
C of C	☐ Accept Original ☐ Revised Cost Needed		
Plan Examination/C of C	☐ Accept Revised Submittal (Resolved)		