



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	E-Mail	
Choose One:	☐ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____	

5 Owner/Lease Holder Information

Last Name	HOLT	First Name	ELIZABETH	Middle Initial
Business Name	N/A	Business Phone	718/150418	Business Fax
Business Address	56 GARFIELD PL			Mobile Phone
City	BK	State	NY	Zip
			11215	E-Mail
				EBHOLT@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)

Signature

Date

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)
ELIZABETH HOLT

Signature

*Elizabeth Holt*Date
09/26/24Notarization
State of New York, County of:

Sworn to or affirmed under penalty of perjury

26 day of September 20 24

Notary Public Signature

Emilie Hunt

Notary Seal

EMILIE HUNT
NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01HU6435381
 Qualified in Kings County
 Commission Expires June 27, 2026

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)		