

4 Design Applicant Information

Last Name	Clancy	First Name	James	Middle Initial	A.
Business Name	James A. Clancy	Business Phone	(856) 358-1125	Business Fax	
Business Address	601 ASUBRY AVENUE			Mobile Phone	
City	NATIONAL PARK	State	NJ	Zip	08063
E-Mail	arcdesign.solar@gmail.com				
License Number	084288	Choose One:	☒ P.E.	☐ R.A.	☐ Sign Hanger
			☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	O'Connor	First Name	Gavin	Middle Initial	
Business Name	THIS IS NOT A BUSINESS		Business Phone	(347) 410-5860 x011	Business Fax
Business Address	400	Degraw Street	Mobile Phone	(347) 410-5860 x011	
City	Brooklyn	State	New York	Zip	11231
E-Mail	tr@brooklynsolarworks.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)

James A. Clancy

Signature

Date

11/13/17

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)

Gavin O'Connor

Signature

Date

11/13/17

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.)	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)		