

12/14

4 Design Applicant Information

Last Name	GURBALL	First Name	ANTHONY	Middle Initial	
Business Name	DRAFT MASTER ENGINEER	Business Phone	(718)433-2550	Business Fax	
Business Address	35-28 41ST STREET	Mobile Phone		E-Mail	
City	L.I.C.	State	NY	Zip	11101
License Number		Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	DODD	First Name	DYLAN	Middle Initial	
Business Name	D&D CAFE LLC	Business Phone	646-418-1119	Business Fax	
Business Address	128 MESEROLE STREET	Mobile Phone		E-Mail	
City	BROOKLYN	State	NY	Zip	11206

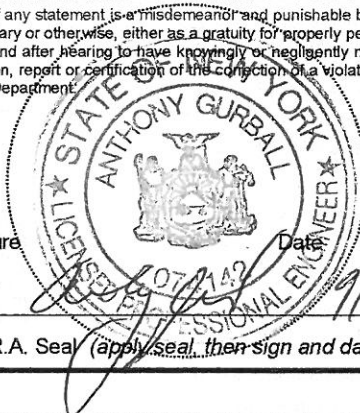
6 Design Applicant's Statements and Signatures

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)

ANTHONY GURBALL

Signature



Date

9/24/18

P.E. / R.A. Seal (apply seal, then sign and date over seal)

7 Owner's/Lease Holder's Statements and Signatures

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Name (print)

DYLAN DODD

Signature

Date

9/4/18

Notarization

State of New York, County of: New York

Sworn to or affirmed under penalty of perjury

4th day of September 2018

Notary Public Signature

Notary Seal

PERRY JUNE CHIN
Notary Public, State of New York
No. 4084030
Qualified in Nassau County
Commission Expires Jan 26, 2019

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)		