

4 Design Applicant Information

Last Name	SIDDIQUE	First Name	SHAMSUL	Middle Initial	I
Business Name	SHAMSUL I. SIDDIQUE P.PE		Business Phone	Business Fax	
Business Address	67 92ND STREET			Mobile Phone (917)348-7633	
City	BROOKLYN	State	NY	Zip	11209
E-Mail	SHAMSUL@AOL.COM				
License Number	059739	Choose One:	☒ P.E. ☐ R.A. ☐ Sign Hanger ☐ Other (specify) _____		

5 Owner/Lease Holder Information

Last Name	GANIUR	First Name	RAHMAN	Middle Initial	
Business Name	N/A		Business Phone	Business Fax	
Business Address	2718 PITKINS AVE			Mobile Phone 3473485025	
City	BROOKLYN	State	NY	Zip	11207
E-Mail	BAHADURRA@GMAIL.C				

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)

SHAMSUL I SIDDIQUE

Signature

Date

8/11/21



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.*

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 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, 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)

RAHMAN GANIUR

Signature

Date

8/11/21

Notarization

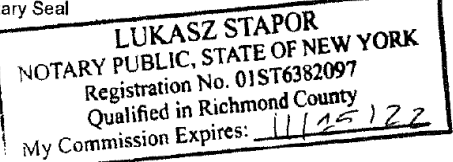
State of New York, County of: *Richmond*

Sworn to or affirmed under penalty of perjury

2 day of *November* 202*0*

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)		