



Scan Code

 Orient and affix BIS  
job number label here 

12/14

**4 Design Applicant Information**

|                  |                                                                                                                                                                        |                         |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Last Name        | First Name                                                                                                                                                             | Middle Initial <b>D</b> |
| Business Name    | Business Phone                                                                                                                                                         | Business Fax            |
| Business Address | Mobile Phone                                                                                                                                                           |                         |
| City             | State                                                                                                                                                                  | Zip                     |
| License Number   | Choose One: <input checked="" type="checkbox"/> P.E. <input type="checkbox"/> R.A. <input type="checkbox"/> Sign Hanger <input type="checkbox"/> Other (specify) _____ | E-Mail                  |

**5 Owner/Lease Holder Information**

|                                                 |                                    |                                       |
|-------------------------------------------------|------------------------------------|---------------------------------------|
| Last Name <b>Bishop</b>                         | First Name <b>Mark</b>             | Middle Initial                        |
| Business Name <b>T-mobile</b>                   | Business Phone <b>973-879-1375</b> | Business Fax                          |
| Business Address <b>4 Sylvan Way, 2nd Floor</b> | Mobile Phone                       |                                       |
| City <b>Parsippany</b>                          | State <b>NJ</b>                    | Zip <b>07054</b>                      |
|                                                 |                                    | E-Mail <b>mark.bishop@t-mobile.co</b> |

**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)

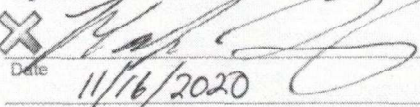
**7 Owner's/Lease Holder's Statements and Signatures** *Notary only required when submitting to obtain sign-off.*

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)

**Mark Bishop**

Signature



Date

**11/16/2020**

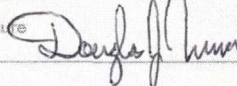
Notarization

State of New York, County of: **Bronx**

Sworn to or affirmed under penalty of perjury

**16th** day of **November** **20**

Notary Public Signature



Notary Seal

**DOUGLAS J. NURSE**  
**NOTARY PUBLIC-STATE OF NEW YORK**  
**No. 01NU6155394**  
**Qualified in Bronx County**  
**My Commission Expires 11-13-2022**

| Internal Use Only        |                                                                                       |                                       |          |
|--------------------------|---------------------------------------------------------------------------------------|---------------------------------------|----------|
| Work Area                | PW3 Cost Details Validation                                                           | Comments (May include cost guidance.) | Initials |
| Plan Examination:        | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| C of O:                  | <input type="checkbox"/> Accept Original <input type="checkbox"/> Revised Cost Needed |                                       |          |
| Plan Examination/C of O: | <input type="checkbox"/> Accept Revised Submission (Resolved)                         |                                       |          |