



4 Design Applicant Information

Last Name Siddique First Name Shamsul Middle Initial _____
 Business Name Shamsul I Siddique PE Business Phone 917-497-4206 Business Fax _____
 Business Address 367 92 Street Mobile Phone _____
 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 Javier First Name Mercedes Middle Initial _____
 Business Name N/A Business Phone 718-541-5122 Business Fax _____
 Business Address 9 Malta Street Mobile Phone _____
 City Brooklyn State NY Zip 11207 E-Mail mercedesjavier@aol.com

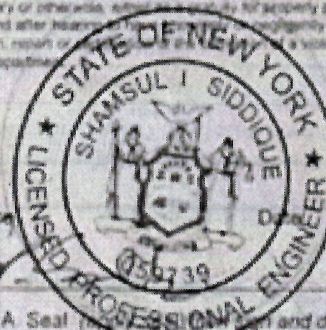
6 Design Applicant's Statements and Signatures

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 is 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 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 Siddique

Signature



PE / RA Seal (attach 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)

Mercedes Javier

Signature

Date

11/08/20

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)		